

# CLINICAL REMISSION IN A "PROBLEM" ARTHRITIC

In rheumatoid arthritis with serious corticoid side effects. Following profound weight loss and acute g.i. distress on prednisolone, a 45-year-old bookkeeper with a five-year history of severe arthritis was started on DECADRON, 1 mg./day. Dosage was promptly reduced to 0.5 mg./day. After ten months on DECADRON, she gained back eleven pounds, feels very well, and had no recurrence of stomach symptoms. She is in clinical remission.\*

New convenient b.i.d. alternate dosage schedule: the degree and extent of relief provided by DECADRON allows for b.i.d. maintenance dosage in many patients with so-called "chronic" conditions. Acute manifestations should first be brought under control with a t.i.d. or q.i.d. schedule.

Supplied: As 0.75 mg. and 0.5 mg. scored, pentagon-shaped tablets in bottles of 100. Also available as Injection DECADRON Phosphate. Additional information on DECADRON is available to physicians on request. DECADRON is a trademark of Merck & Co., Inc.

\*From a clinical investigator's report to Merck Sharp & Dohme.

# Decadron®

Dexamethasone

**TREATS MORE PATIENTS MORE EFFECTIVELY**



MERCK SHARP & DOHME • Division of Merck & Co., Inc., West Point, Pa.



**for immediate asthma relief**  
*and 22½% maximal vital capacity*

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Maximal conversion  
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Available with either of the two  
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Epinephrine bitartrate, 7.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each automatically measured dose contains 0.15 mg. epinephrine.

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*Optimal effect from Minimal Dosage*



Northridge, California



***In the grip of G-I spasm...***

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**DIGESTIVE ENZYMES WITH ANTISPASMODIC**

For gratifying relief from painful G-I spasm *plus* relief of  
maldigestion syndrome

- Relaxes gastrointestinal spasm
- Improves biliary drainage
- Enhances digestion of protein
- Aids digestion and absorption of fats
- Supplements enzymatic digestion

For comprehensive therapy in a wide range of digestive disturbances  
prescribe . . . **CONVERTIN-H**



**COMPOSITION:** In sugar coated outer layer (released in stomach):  
homatropine methylbromide 2.5 mg., betaine hydrochloride 130 mg.,  
oleoresin ginger 1 600 gr. In enteric coated core (released in intestine):  
pancreatin equiv. N.F. 250 mg., desoxycholic acid 50 mg.

**DOSAGE:** 1 or 2 tablets with or just after meals.

**SUPPLIED:** Bottles of 84 and 500 tablets; on prescription only.



**B. F. ASCHER & CO., INC.** / *Ethical Medicinals, Kansas City, Mo.*

## A LOGICAL ADJUNCT TO THE WEIGHT-REDUCING REGIMEN

meprobamate **plus** d-amphetamine...  
reduces appetite...elevates mood...eases  
tensions of dieting...**without** overstimula-  
tion, insomnia or barbiturate hangover.

Dosage: One tablet one-half to one hour before each meal.

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**BAMADEX**<sup>®</sup>  
meprobamate 400 mg., with d-amphetamine sulfate 5 mg. Tablets



## NEW BOOK

### HANDBOOK OF SURGERY

Edited by JOHN L. WILSON, M.D., and JOSEPH J.  
McDONALD, M.D., with 14 Contributors. 644 pages.  
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Published November 30, 1960, the new Handbook of Surgery  
is a concise presentation of general and specialty surgical  
management for physicians and students. It is anticipated  
that it will be as popular as the Handbook of Medical Treat-  
ment.

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*specific  
for  
tension  
headache...*



**FIORINAL<sup>®</sup>**

*relieves pain,  
muscle spasm,  
nervous tension*

*rapid action • non-narcotic • economical*

“We have found caffeine, used in combination with acetylsalicylic acid, acetophenetidin, and isobutylallylbarbituric acid, [Fiorinal] to be one of the most effective medicaments for the symptomatic treatment of headache due to tension.”

Friedman, A. P., and Merritt, H. H.: J.A.M.A. 163:1111 (Mar. 30) 1957.

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New Form — Fiorinal Capsules

Each contains: Sandoptal (Allylbarbituric Acid N.F. X)  
50 mg. (3/4 gr.), caffeine 40 mg. (2/3 gr.), acetylsalicylic acid  
200 mg. (3 gr.), acetophenetidin 130 mg. (2 gr.).

Dosage: 1 or 2 every four hours, according to need, up to 6 per day.



# "Gratifying" relief from

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*for your patients with  
'low back syndrome' and  
other musculoskeletal disorders*

**POTENT** muscle relaxation

**EFFECTIVE** pain relief

**SAFE** for prolonged use

# stiffness and pain

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**“gratifying”** *relief from stiffness and pain*  
*in 106-patient controlled study*  
*(as reported in J.A.M.A., April 30, 1960)*

“Particularly gratifying was the drug’s [SOMA’s] ability to relax muscular spasm, relieve pain, and restore normal movement . . . Its prompt action, ability to provide objective and subjective assistance, and freedom from undesirable effects recommend it for use as a muscle relaxant and analgesic drug of great benefit in the conservative management of the ‘low back syndrome’.”

*Kestler, O.: Conservative Management of “Low Back Syndrome”,  
J.A.M.A. 172: 2039 (April 30) 1960.*

**FASTER IMPROVEMENT**—79% complete or marked  
improvement in 7 days (Kestler).

**EASY TO USE**—Usual adult dose is one 350 mg. tablet  
three times daily and at bedtime.

**SUPPLIED:** 350 mg., white tablets, bottles of 50.  
For pediatric use, 250 mg., orange capsules, bottles of 50.

Literature and samples on request.

**SOMA<sup>®</sup>**  
(CARISOPRODOL WALLACE)



WALLACE LABORATORIES, CRANBURY, NEW JERSEY

# A POSITIVE INVESTMENT POLICY® FOR

# 1961

A positive approach to investing in the months ahead is contained in our new six-page study, "A Positive Investment Policy."® It presents a penetrating analysis of the business and market outlook for 1961, bringing up to date a continuous study by our 72-member research team.

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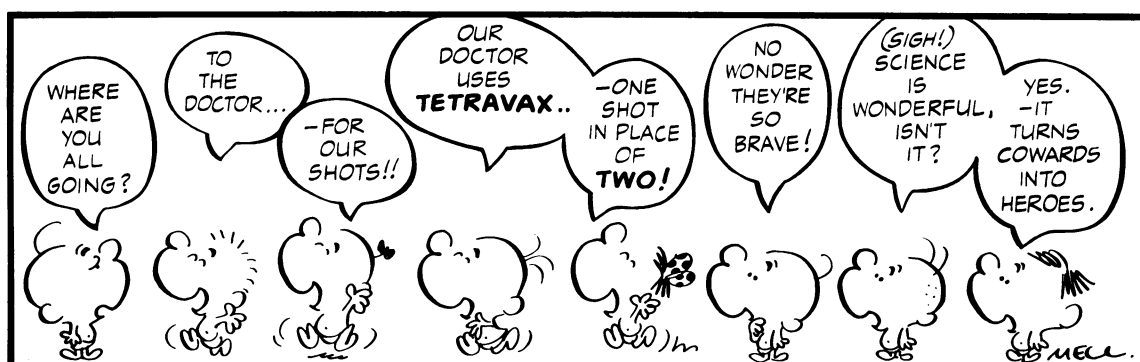
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FOR SIMULTANEOUS IMMUNIZATION  
AGAINST 4 DISEASES:  
Poliomyelitis-Diphtheria-Pertussis-Tetanus

PEDI-ANTICS



# TETRAVAX<sup>®</sup>

DIPHTHERIA AND TETANUS TOXOIDS WITH PERTUSSIS AND POLIOMYELITIS VACCINES

*now you can immunize against more diseases...with fewer injections*

*Dose: 1 cc.*

*Supplied: 9 cc. vials in clear plastic cartons. Package circular and material in vial can be examined without damaging carton. Expiration date is on vial for checking even if carton is discarded.*



*For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.*



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for every phase of cough...  
comprehensive relief

# AMBENYL<sup>®</sup> EXPECTORANT

AMBENYL EXPECTORANT quickly comforts the coughing patient because it is formulated to relieve all phases of cough due to upper respiratory infections or allergies. Combining Ambodryl<sup>®</sup>—potent antihistaminic; Benadryl<sup>®</sup>—the time-tested antihistaminic-antispasmodic; and three well-recognized antitussive agents, AMBENYL EXPECTORANT:

- soothes irritation • quiets the cough reflex
- decongests nasal mucosa • facilitates expectoration • decreases bronchial spasm • and tastes good, too.

Each fluidounce of AMBENYL EXPECTORANT ♦ contains:

Ambodryl <sup>®</sup> hydrochloride	24 mg.
(bromodiphenhydramine hydrochloride, Parke-Davis)	
Benadryl <sup>®</sup> hydrochloride	56 mg.
(diphenhydramine hydrochloride, Parke-Davis)	
Dihydrocodeinone bitartrate	1/6 gr.
Ammonium chloride	8 gr.
Potassium guaiacolsulfonate	8 gr.
Menthol	q.s.
Alcohol	5%

Supplied: Bottles of 16 ounces and 1 gallon.

Dosage: Every three or four hours—adults, 1 to 2 teaspoonfuls; children 1/2 to 1 teaspoonful.

27150

♦ Exempt narcotic

PARKE, DAVIS & COMPANY  
Detroit 32, Michigan

PARKE-DAVIS

ANNOUNCING—  
SPECIFICALLY FOR  
INFECTIONS DUE TO  
“RESISTANT” STAPHYLOCOCCI

AN ENTIRELY NEW SYNTHETIC  
“STAPH-CIDAL” PENICILLIN

# Staphcillin™

sodium dimethoxyphenyl penicillin  
FOR INJECTION

UNIQUE—BECAUSE IT  
RETAINS ANTIBACTERIAL  
ACTIVITY IN THE PRESENCE OF  
STAPHYLOCOCCAL PENICILLINASE  
WHICH INACTIVATES  
OTHER PENICILLINS



NEW SYNTHETIC PENICILLIN FOR “RESISTANT” STAPH

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CUT HERE FOR FILING

## STAPHCILLIN™

(sodium dimethoxyphenyl penicillin)

For Injection

### DESCRIPTION

STAPHCILLIN is a unique new synthetic parenteral penicillin produced by Bristol Laboratories for the specific treatment of staphylococcal infections due to resistant organisms. Its uniqueness resides in its property of resisting inactivation by staphylococcal penicillinase. It is active against strains of staphylococci which are resistant to other penicillins.

*Each dry filled vial contains:* 1 Gm. STAPHCILLIN (sodium dimethoxyphenyl penicillin), equivalent to 900 mg. dimethoxyphenyl penicillin activity.

### INDICATIONS

STAPHCILLIN is recommended as specific therapy only in infections due to strains of staphylococci resistant to other penicillins, e.g.:

*Skin and soft tissue infections:* cellulitis, wound infections, carbuncles, pyoderma, furunculosis, lymphangitis and lymphadenitis.

*Respiratory infections:* staphylococcal lobar or bronchopneumonia, and lung abscesses combined with indicated surgical treatment.

*Other infections:* staphylococcal septicemia, bacteremia, acute or subacute endocarditis, acute osteomyelitis and enterocolitis.

Infections due to penicillin-sensitive staphylococci, streptococci, pneumococci and gonococci should be treated with Syncillin® or parenteral penicillin G rather than STAPHCILLIN. Treponemal infections should be treated with parenteral penicillin G.

### DOSAGE AND ADMINISTRATION

STAPHCILLIN is well tolerated when given by deep intragluteal or intravenous injection.

As is the case with other antibiotics, the duration of therapy should be determined by the clinical and bacteriological response of the patient. Therapy should be continued for at least 48 hours after the patient has become afebrile, asymptomatic and cultures are negative. The usual duration has been 5-7 days.

*Intramuscular route:* The usual adult dose is 1 Gm. every 4 or 6 hours. Infants' and children's dosage is 25 mg. per Kg. (approximately 12 mg. per pound) every 6 hours.

*Intravenous route:* 1 Gm. every 6 hours using 50 ml. of sterile saline solution at the rate of 10 ml. per minute.

*\*Warning:* Solutions of STAPHCILLIN and kanamycin should not be mixed, as they rapidly inactivate each other. Data on the results of mixing STAPHCILLIN with other antibiotics are being accumulated.

### DIRECTIONS FOR RECONSTITUTION

Add 1.5 ml. sterile distilled water or normal saline to a 1 Gm. vial and shake vigorously. Withdraw the clear, reconstituted solution (2.0 ml.) into a syringe and inject. The reconstituted solution contains 500 mg. of STAPHCILLIN per ml. Reconstituted solutions are stable for 24 hours under refrigeration.

For intravenous use, dilute the reconstituted dose in 50 ml. of sterile saline and inject at the rate of 10 ml. per minute.

*\*This statement supersedes that in the Official Package Circulars dated September and/or October, 1960.*

(continued)

## MICROBIOLOGICAL AND PHARMACOLOGICAL PROPERTIES

*In vitro* studies show that STAPHCILLIN is a bactericidal penicillin with activity against staphylococci resistant to penicillin G. Strains of staphylococci so far tested have been sensitive to STAPHCILLIN *in vitro* at concentrations of 1-6 mcg. per ml. These levels are readily attained in the blood and tissues by administration of STAPHCILLIN at the recommended dosage. This unique attribute is probably due to the fact that STAPHCILLIN is stable in the presence of staphylococcal penicillinase. STAPHCILLIN also resists degradation by *B. cereus* penicillinase. The antimicrobial spectrum of STAPHCILLIN with regard to other microorganisms is qualitatively similar to that of penicillin G; but considerably higher concentrations of STAPHCILLIN are required for bactericidal activity than is the case with penicillin G.

STAPHCILLIN is rapidly absorbed after intramuscular injection. Peak blood levels (6-10 mcg./ml. on the average after a 1.0 Gm. dose) are attained within 1 hour; and then progressively decline to less than 1 mcg. over a 4 to 6 hour period. It is poorly absorbed from the gastrointestinal tract. STAPHCILLIN is rapidly excreted by the kidney.

As shown by animal studies, STAPHCILLIN is readily distributed in body tissues after intramuscular injection. Of the tissues studied, highest concentrations are reached in the kidney, liver, heart and lung in that order; the spleen and muscles show lower concentrations of the antibiotic. STAPHCILLIN diffuses into human pleural and prostatic fluids, but its diffusion into the spinal fluid has not yet been completely studied. However, one patient with meningitis showed a significant concentration in his spinal fluid while on STAPHCILLIN therapy.

Toxicity studies with STAPHCILLIN and penicillin G in animals show that they have approximately the same low order of toxicity.

Certain staphylococci can be made resistant to STAPHCILLIN in the laboratory, but this resistance is not related to their penicillinase production. During the clinical trials, no STAPHCILLIN-resistant strains of staphylococci were observed or developed; the possibility of the emergence of such strains in the clinical setting awaits further observation.

## PRECAUTIONS

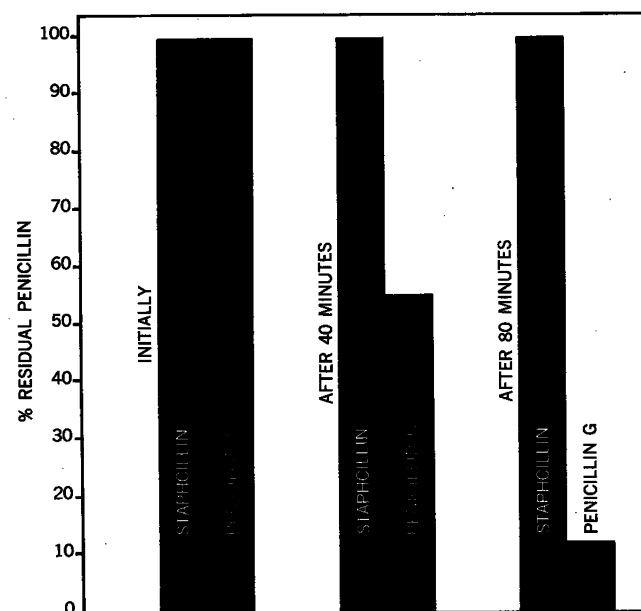
During the clinical trials, several mild skin reactions, e.g., itching, papular eruption and erythema were observed both during and after discontinuance of STAPHCILLIN therapy. Patients with histories of hay fever, asthma, urticaria and previous sensitivity to penicillin are more likely to react adversely to the penicillins. It is important that the possibility of penicillin anaphylaxis be kept in mind. Epinephrine and the usual adjuvants (antihistamines, corticosteroids) should be available for emergency treatment. Because of the resistance of STAPHCILLIN to destruction by penicillinase, parenteral *B. cereus* penicillinase may not be effective for the treatment of allergic reactions. Information with regard to cross-allergenicity between penicillin G, penicillin V, phenethicillin (Syncillin) and STAPHCILLIN is not available at present. If superinfection due to Gram-negative organisms or fungi occurs during STAPHCILLIN therapy, appropriate measures should be taken.

## SUPPLY

List 79502 — 1.0 Gm. dry filled vial.

BRISTOL LABORATORIES • SYRACUSE, NEW YORK  
Division of Bristol-Myers Company

UNIQUE SYNTHETIC "STAPH-CIDAL" PENICILLIN



In the presence of staphylococcal penicillinase, STAPHCILLIN remained active and retained its antibacterial action. By contrast, penicillin G was rapidly destroyed in the same period of time. (After Gourevitch et al., to be published)

Specifically for "resistant" staph...

# Staphcillin™

sodium dimethoxyphenyl penicillin  
FOR INJECTION

The failure of staphylococcal infections to respond to penicillin therapy is attributed to the penicillin-destroying enzyme, penicillinase, produced by the invading staphylococcus.

Unlike other penicillins:

- 1 STAPHCILLIN is effective because it retains its antibacterial activity despite the presence of staphylococcal penicillinase.
- 2 The clinical effectiveness of STAPHCILLIN has been confirmed by dramatic results in a wide variety of infections due to "resistant" staphylococci, many of which were serious and life-threatening.

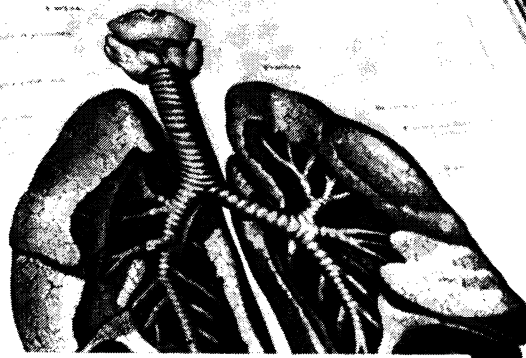
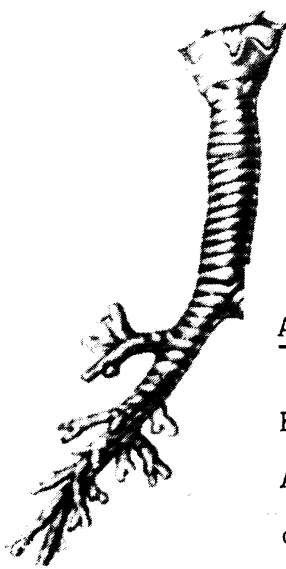
Like other penicillins:

STAPHCILLIN has no significant systemic toxicity. It is well tolerated locally, and pain or irritation at the injection site is comparable to that following the injection of penicillin G. In occasional cases, typical penicillin reactions may be experienced.

**PROFESSIONAL INFORMATION SERVICE** — The attached Official Package Circular provides complete information on the indications, dosage, and precautions for the use of STAPHCILLIN. If you desire additional information concerning clinical experiences with STAPHCILLIN, the Medical Department of Bristol Laboratories is at your service. You may direct your inquiries via collect telephone call to New York, PLaza 7-7061, or by mail to Medical Department, Bristol Laboratories, 630 Fifth Ave., N. Y. 20, N. Y.

BRISTOL LABORATORIES • SYRACUSE, NEW YORK  
Division of Bristol-Myers Company

# SYNCILLIN



## ACUTE BRONCHITIS

## SYNCILLIN

250 mg. t.i.d. - 6 days\*

H.F. 45-year-old white female. First seen on Aug. 24, 1959 with acute bronchitis of 3 days' duration. Culture of the sputum revealed alpha hemolytic streptococci. A 250 mg. SYNCILLIN tablet was administered 3 times daily. Another sputum culture taken on Aug. 27 showed no growth. On Aug. 30, the patient appeared much improved and SYNCILLIN was discontinued.

Recovery uneventful.

Illustrative case summary from the files of Bristol Laboratories' Medical Department

THE ORIGINAL phenethicillin

# SYNCILLIN®

(phenoxyethyl penicillin potassium)

FIRST SYNTHESIZED AND MADE AVAILABLE BY BRISTOL LABORATORIES

A dosage form to meet the individual requirements of patients of all ages in home, office, clinic, and hospital:

Syncillin Tablets - 250 mg. (400,000 units)... Syncillin Tablets - 125 mg. (200,000 units)

Syncillin for Oral Solution - 60 ml. bottles - when reconstituted, 125 mg. (200,000 units) per 5 ml.

Syncillin Pediatric Drops - 1.5 Gm. bottles. Calibrated dropper delivers 125 mg. (200,000 units)

\*Streptococcal infections should be treated for at least 10 days to prevent the development of rheumatic fever and as prophylaxis against bacterial endocarditis in susceptible patients.

Complete information on indications, dosage and precautions is included in the circular accompanying each package.

BRISTOL LABORATORIES, Div. of Bristol-Myers Co., SYRACUSE, N.Y.





# **ILOPAN<sup>®</sup>**



## **to prevent...to relieve... post-op distention and ileus**

Surgical stress appears to increase the body's pantothenic acid requirements. ILOPAN (d-pantothenyl alcohol, W-T) provides additional pantothenic acid to aid restoration of normal peristalsis. Clinical studies and hundreds of case histories<sup>1, 2</sup> attest the effectiveness of ILOPAN against postoperative retention of flatus and feces — even paralytic ileus — and in reducing the need for intestinal intubation, or the period of intubation.

ILOPAN may be used with a high degree of safety — is not contraindicated even under conditions of mechanical bowel obstructions, produces no hyper-peristalsis or cramping, no side effects — and can be routinely administered by the nurse.

Supplied in:  
1 cc. AMPULS  
(250 mg.)  
2 cc. AMPULS  
(500 mg.)  
10 cc. VIALS  
(2500 mg.)

1. Kareha, L. G., de Quevedo, N. G., Tighe, P., Kehrli, H. J., "Evaluation of Ilopan in Postoperative Abdominal Distention," *Western J. Surg. Obs. & Gyn.*, 66:220, 1958
2. Stone, M. L., Schlusel, S., Silberman, E., Mersheimer, W. L., "The Prophylaxis and Treatment of Postpartum and Postoperative Ileus with Pantothenyl Alcohol," *Amer. J. Surgery*, 97:191, 1958

**THE WARREN-TEED PRODUCTS COMPANY**  
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# DECLOMYCIN<sup>®</sup>

DEMETHYLCHLORTETRACYCLINE LEDERLE

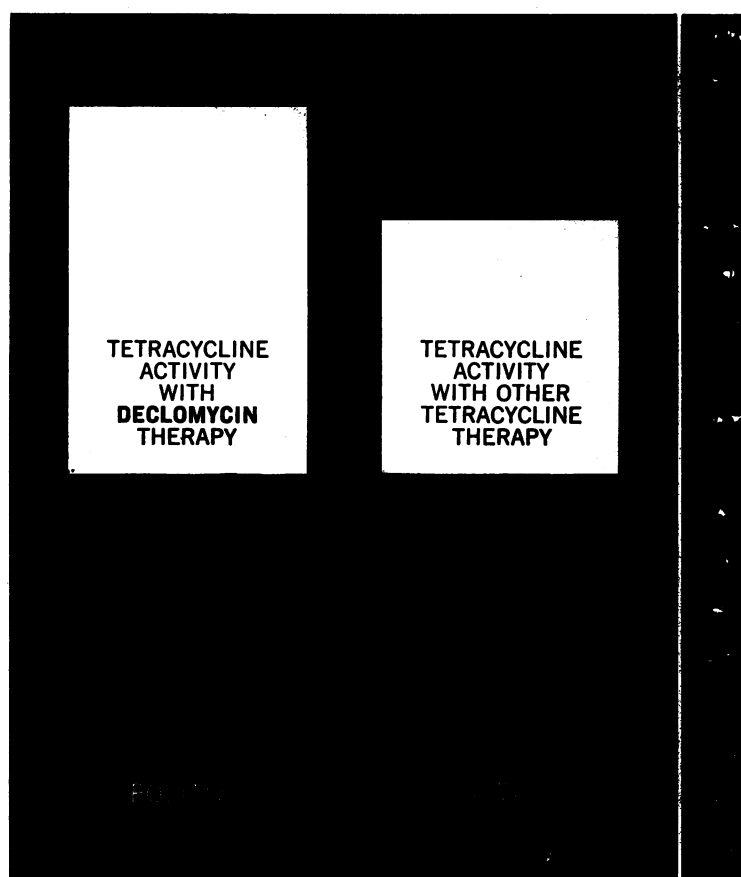


*attains  
sustains  
retains*

*extra  
antibiotic  
activity*

*extra-activity..promptly attained*

DECLOMYCIN Demethylchlortetracycline attains—usually within two hours—blood levels more than adequate to suppress susceptible pathogens. These levels are attained in tissues and body fluids on daily dosages substantially lower than those required to elicit antibiotic activity of comparable intensity with other tetracyclines. With other tetracyclines, the average, effective, adult daily dose is 1 Gm. With DECLOMYCIN Demethylchlortetracycline, it is only 600 mg.



**DECLO**

## evenly sustained

DECLOMYCIN Demethylchlortetracycline sustains, through the entire therapeutic course, the high activity levels needed to control the primary infective process and to check the onset of a complicating secondary infection at the original—or at another—site. This combined therapeutic action is sustained, in most instances, without the pronounced hour-to-hour, dose-to-dose, peak-and-valley fluctuations in activity levels which characterize other tetracyclines.

## long retained

DECLOMYCIN Demethylchlortetracycline retains significant activity levels, up to 48 hours after the last dose is given. At least a full, extra day of positive antibacterial action may thus be confidently expected. One capsule four times a day, for the average adult in the average infection, is the same as with other tetracyclines—but the **total** dosage is lower and the duration of anti-infective action is longer.

DECLOMYCIN—SUSTAINED ACTIVITY LEVELS

DAYS OF TETRACYCLINE A' DOSAGE

DURATION OF PROTECTION

DAYS OF TETRACYCLINE B' DOSAGE

DURATION OF PROTECTION

DAYS OF TETRACYCLINE C' DOSAGE

DURATION OF PROTECTION

# MYCIN<sup>®</sup>

DEMETHYLCHLORTETRACYCLINE LEDERLE



- higher activity/intake ratio—positive antibacterial action
- sustained activity levels—protection against problem pathogens
- up to two extra days' activity—protection against recurrence

**CAPSULES**, 150 mg., bottles of 16 and 100. **Dosage:** Average infections — 1 capsule four times daily. Severe infections—Initial dose of 2 capsules, then 1 capsule every six hours.

**PEDIATRIC DROPS**, 60 mg./cc. in 10 cc. bottle with calibrated, plastic dropper. **Dosage:** 1 to 2 drops (3 to 6 mg.) per pound body weight per day—divided into 4 doses.

**SYRUP**, 75 mg./5 cc. teaspoonful (cherry-flavored), bottles of 2 and 16 fl. oz. **Dosage:** 3 to 6 mg. per pound body weight per day—divided into 4 doses.

**PRECAUTIONS:** As with other antibiotics, DECLOMYCIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DECLOMYCIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication.

Overgrowth of nonsusceptible organisms is a possibility with DECLOMYCIN, as with other antibiotics. The patient should be kept under observation.

for the  
added measure  
of protection  
in clinical  
practice

# DECLOMYCIN<sup>®</sup>

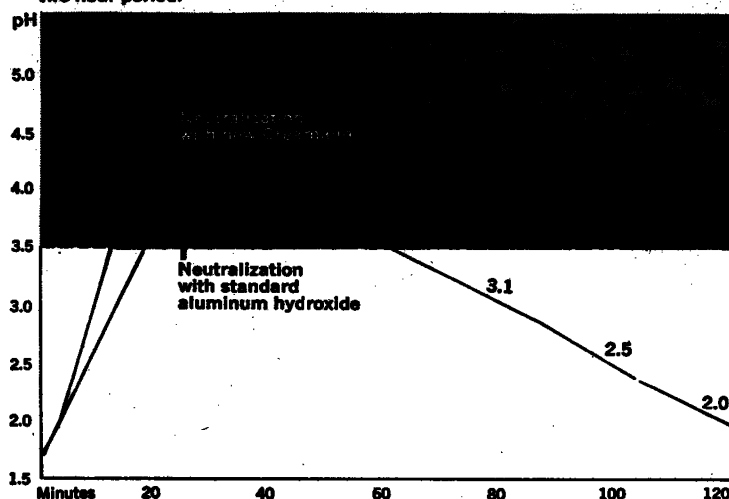
DEMETHYLCHLORTETRACYCLINE LEDERLE

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



At  
the  
site  
of  
peptic  
ulcer

Following determination of basal secretion, intragastric pH was continuously determined by means of frequent readings over a two-hour period.



neutralization  
is much  
faster and  
twice  
as long  
with

## New CREAMALIN<sup>®</sup> ANTACID TABLETS

New proof in vivo<sup>1</sup> of the much greater efficacy of new Creamalin tablets over standard aluminum hydroxide has now been obtained. Results of comparative tests on patients with peptic ulcer, measured by an intragastric pH electrode, show that new Creamalin neutralizes acid from 40 to 65 per cent faster than the standard preparation. This neutralization (pH 3.5 or above) is maintained for approximately one hour longer.

New Creamalin provides virtually the same effects as a liquid antacid<sup>2</sup> with the convenience of a tablet.

Nonconstipating and pleasant-tasting, new Creamalin antacid tablets will not produce "acid rebound" or alkalosis.

Each new Creamalin antacid tablet contains 320 mg. of specially processed, highly reactive, short polymer dried aluminum hydroxide gel (stabilized with hexitol) with 75 mg. of magnesium hydroxide. Minute particles of the powder offer a vastly increased surface area for quicker and more complete acid neutralization.

Dosage: Gastric hyperacidity — from 2 to 4 tablets as necessary. Peptic ulcer or gastritis — from 2 to 4 tablets every two to four hours. Tablets may be chewed, swallowed whole with water or milk, or allowed to dissolve in the mouth. Now supplied: Bottles of 50, 100, 200 and 1000.

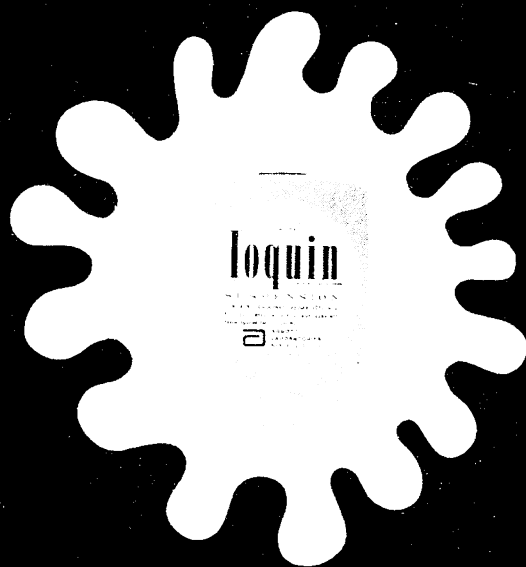
1. Data in the files of the Department of Medical Research, Winthrop Laboratories. 2. Hinkel, E. T., Jr.; Fisher, M. P., and Tainter, M. L.: J. Am. Pharm. A. (Scient. Ed.) 48:384, July, 1959.

*Winthrop*  
LABORATORIES  
New York 18, N. Y.

for peptic ulcer — gastritis — gastric hyperacidity



same old problem...



a new solution...



equally effective on *dry or oily scalps*

# announcing **Ioquin** SUSPENSION

A new preparation for the treatment of dandruff—afforded 95% control of symptoms in 714 cases studied.

*From Abbott Laboratories—makers of SELSUN®—comes an outstanding new treatment for common dandruff.*

## **WHAT IS IOQUIN?**

Ioquin is a non-toxic suspension of 10% w/v diiodohydroxyquin (U.S.P.) in an aqueous base pleasantly scented with lavender.

## **HOW EFFECTIVE IS IOQUIN?**

In clinical trials, Ioquin produced satisfactory control in more than 95% of 714 patients studied. The patients were about evenly divided between men and women.

## **HOW SAFE IS IOQUIN?**

In the trials previously mentioned, no cases of sensitivity were reported. The investigators found Ioquin to be extremely well tolerated . . . even by patients treated regularly over a period of several months.

## **WHAT ARE THE INDICATIONS?**

Ioquin is indicated for the treatment of mild or severe seborrheic dermatitis . . . and is equally effective for dry or oily scalps.

## **HOW DO YOU USE IOQUIN?**

Treatment with Ioquin is a simple wash and rinse procedure. Most cases of simple dandruff can be brought under control in two to three weeks and kept under control with weekly applications (some cases are controlled with even less frequent applications).

## **HOW IS IOQUIN SUPPLIED?**

Ioquin is supplied in 120 ml. green plastic squeeze bottles. List No. 6907.

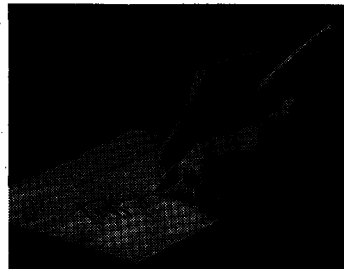
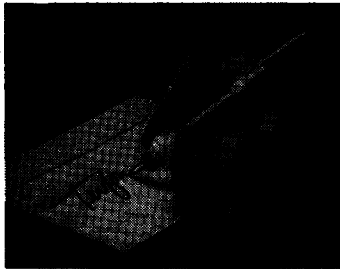
## **IN SUMMARY . . .**

Ioquin is an effective new preparation for the treatment of common dandruff. It has been shown to be safe and effective in clinical trials. It is a professional product in every sense of the word. It will be detailed to physicians and sold through pharmacies only. For complete details, see your Abbott man, or drop us a line . . . we'll be happy to send you the literature.

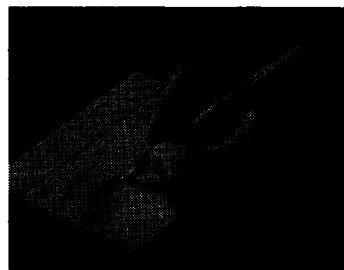
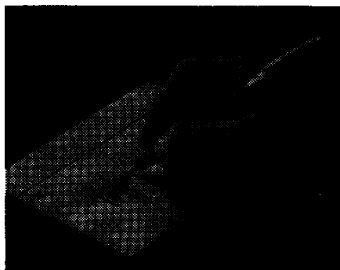
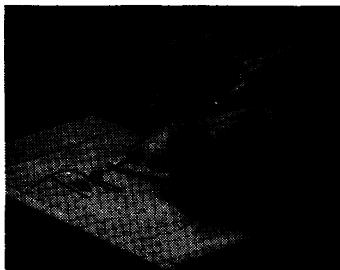
IOQUIN—Diiodohydroxyquin, Abbott; SELSUN—Selenium Sulfide, Abbott

008-271





*more and more physicians are prescribing this triple sulfa*



# TERFONYL

Squibb Triple Sulfas (Trisulfapyrimidines)

Clinical experience continues to prove that  
TERFONYL provides many special advantages  
fundamental to successful antibacterial therapy.

- specificity for a wide range of organisms • superinfection rarely encountered • soluble in urine through entire physiologic pH range
- minimal disturbance of intestinal flora • excellent diffusion throughout tissues • readily crosses blood-brain barrier • sustained therapeutic blood levels • extremely low incidence of sensitization

**SUPPLY:** Tablets, 0.5 gm. • Suspension, raspberry flavored, 0.5 gm. per teaspoonful (5cc.).

**SQUIBB**



*Squibb Quality—the Priceless Ingredient*

TERFONYL® IS A SQUIBB TRADEMARK

# INCREASED LIFE EXPECTANCY FOR HYPERTENSIVES

"Life expectancy seems to be the one criterion that is most reliable and least questioned as a method of evaluating treatment for patients with elevated blood pressure."<sup>1</sup> "It is evident that effective therapy of hypertension will prolong the life of the patient by preventing the dreaded complications of this disease in the brain, the heart and the kidneys ." "There is no doubt of the prolongation of life in group 3 and 4 (Keith-Wagener-Barker) by adequate antihypertensive treatment. Some authorities report a 50 per cent, five year survival ratio for treated patients with malignant hypertension as against a 1 per cent survival ratio for untreated patients."<sup>2</sup>

Evaluation based on life expectancy is extremely difficult because of the peril of maintaining an untreated control group.<sup>1</sup> The doctor, however, can evaluate the symptoms related to the elevated blood pressure. . . . We know that retinopathy may improve, the heart may be reduced in size, the electrocardiogram may improve and in favorable cases the blood urea nitrogen level may fall.<sup>2</sup> These are reasonably objective criteria on which to base one's evaluation of treatment.<sup>1</sup>

On the succeeding page is evidence that Unitensen included in any therapeutic regimen may improve the results in hypertension as measured by a regression of objective clinical changes in a substantial proportion of the patients treated.

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10. Finnerty, F. A.: *Am. J. Med.* 17:629, 1954.

Unlike diuretics or ganglionic blocking agents, Unitensen lowers blood pressure through widespread vasorelaxation. Normal vasomotor responses are not altered, and there is no venous pooling with resulting postural hypotension.<sup>3-5</sup> Through alleviation of cerebral vasospasm, Unitensen promotes cerebral blood flow and oxygen utilization.<sup>6-9</sup> Furthermore, Unitensen increases cardiac efficiency, improves renal function and tends to arrest the progress of vascular damage.<sup>3, 4, 10</sup>

### Progress of Objective and Subjective Symptoms in Grades III and IV Hypertension Following Treatment with Unitensen and Unitensen-R

#### Observations in Patients\* Treated up to 2 Years

#### Observations in Patients\* Treated up to 3½ Years

#### The Course of Subjective Symptoms

Symptom	Number**	Improved	% Improved
Headache	27	21	77.7
Palpitation	20	13	65.0
Angina	15	9	60.0
Dyspnea	17	8	47.0

Number**	Improved	% Improved
43	38	88.0
29	19	65.5
21	16	76.0
27	14	51.0

#### Objective Changes Following Treatment

Finding	Number**	Improved	% Improved
Funduscopy Changes	41	24	58.5
Enlarged Heart	20	13	65.0
Abnormal ECG	37	10	27.0
Proteinuria	31	12	38.7
Nitrogen Retention	17	6	35.2

Number**	Improved	% Improved
59	38	66.0
35	23	65.7
45	25	55.5
43	27	62.7
28	10	35.7

Left hand charts from Clinical Exhibit "The Ambulatory Patient with Hypertension" presented AMA Convention, San Francisco, June 22-27, 1958, by B. M. Cohen, M.D.

Right hand charts include patients previously reported who had been continuously maintained on Unitensen and Unitensen-R, plus additional patients later added to the study. From Clinical Exhibit "The Office Diagnosis and Treatment of the Patient with Hypertension" presented American Academy of General Practice, Indianapolis, March 18-19, 1959, by B. M. Cohen, M.D.

\*All patients in this study were initially classified as Smithwick Grades III and IV.

\*\*Expressed as the number of patients exhibiting the symptom recorded.

## UNITENSEN®

Each tablet contains: Cryptenamine (tannates) 2.0 mg.

## UNITENSEN-PHEN®

Each tablet contains: Cryptenamine (tannates) 1.0 mg., Phenobarbital 15 mg.

## UNITENSEN-R®

Each tablet contains: Cryptenamine (tannates) 1.0 mg., Reserpine 0.1 mg.

## UNITENSEN® AQUEOUS

Each cc. contains: 2.0 mg. cryptenamine (acetates) in isotonic saline

**Neisler**

**IRWIN, NEISLER & CO.**  
Decatur, Illinois



happy mother, cheerful baby

because their physician has kept  
her baby well nourished, healthy—and

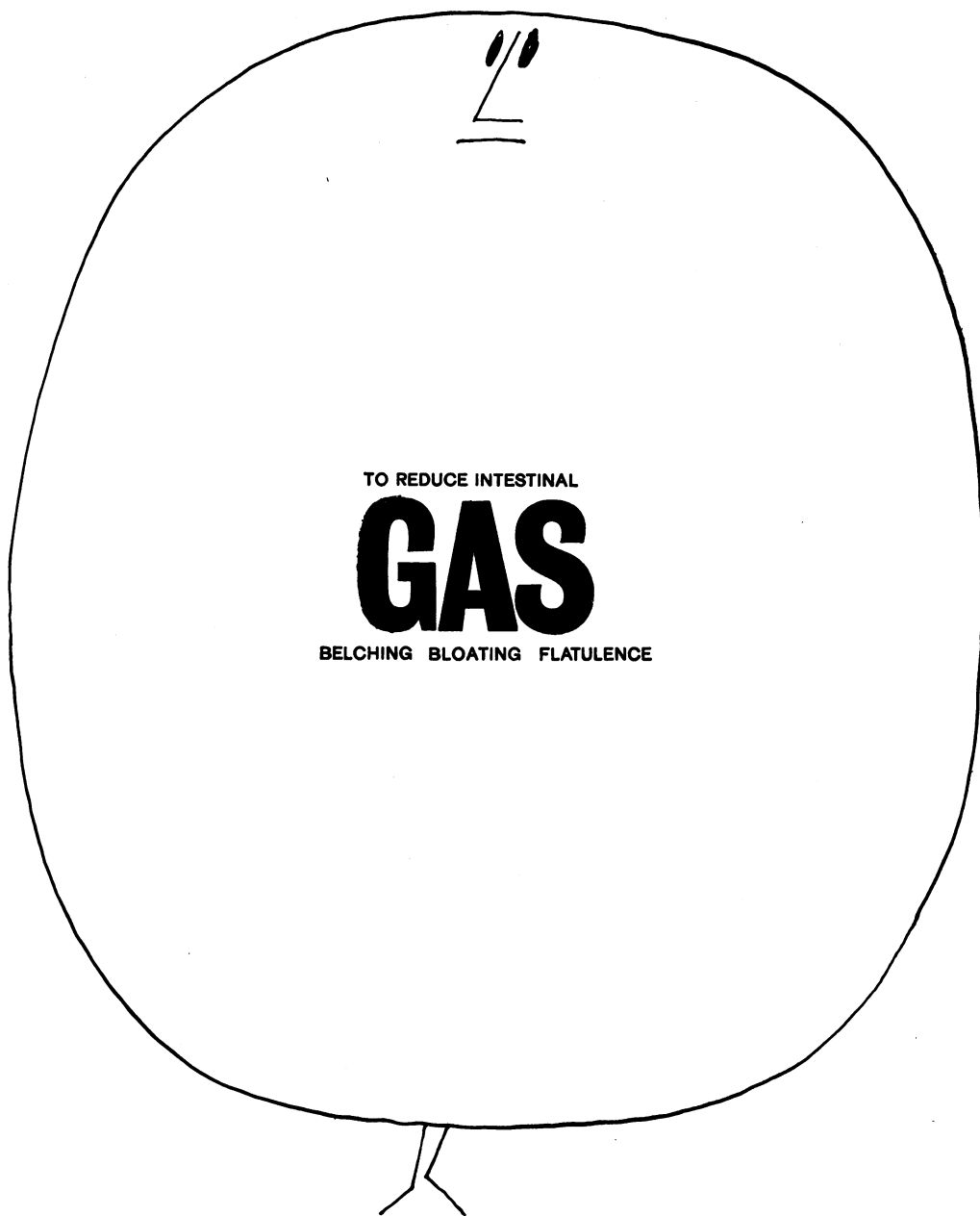
*with* **free from diaper rash<sup>®</sup>**  
**DESITIN<sup>®</sup>**  
**OINTMENT**

Protects against irritation of urine and excrement;  
markedly inhibits ammonia-producing bacteria;  
soothes, lubricates, stimulates healing.

For samples of Desitin Ointment, pioneer external cod liver oil therapy, write...

**DESITIN CHEMICAL COMPANY**  
812 Branch Avenue, Providence 4, R.I.



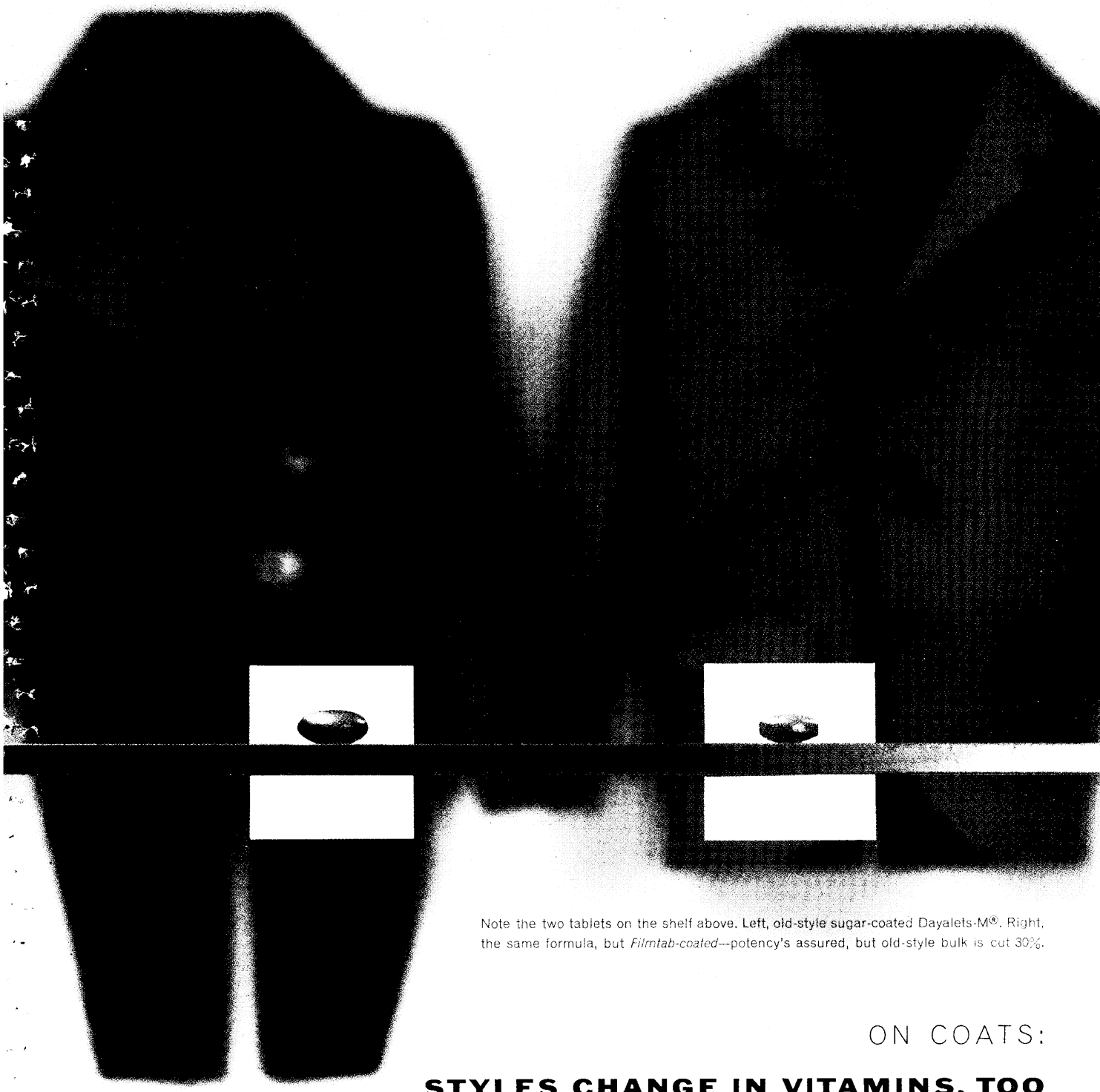


A biochemical compound used to diminish intestinal gas in healthy persons and those patients having digestive disorders ■

# KANULASE

Each Kanulase tablet contains Dorase® 320 units, combined with pepsin, N.F., 150 mg.; glutamic acid HCl, 200 mg.; pancreatin, N.F., 500mg.; oxbile extract, 100 mg. Dosage: 1 or 2 tablets at meal-time. Supplied: Bottles of 50 tablets.

DORSEY BRAND OF CELLULASE, EXPRESSED AS DIGESTIVE ACTIVITY UNITS.  
SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska.



Note the two tablets on the shelf above. Left, old-style sugar-coated Dayalets-M®. Right, the same formula, but *Filmtab*-coated—potency's assured, but old-style bulk is cut 30%.

ON COATS:

## STYLES CHANGE IN VITAMINS, TOO

Coat styles change—whether it's a blazer or a B-complex vitamin. Not long ago, for instance, "Vitamins by Abbott" were dressed up with a new-style coating—*Filmtab*®.

The most obvious result was a marked reduction in tablet size—up to 30% in some products. The tablets themselves were brilliant in a variety of rainbow colors. They wouldn't chip or stick together in the bottle. All vitamin tastes and odors—gone.

Such were the aesthetic gains. Behind these, a significant pharmaceutical advance: with *Filmtab*, deterioration is slowed

to an irreducible minimum, because the coating process is essentially a water-free procedure.

Finally—most important—*Filmtab* guarantees that the content of each tablet matches the formula printed on the label. While the person taking the vitamins may not worry much about rigid stability, Abbott does. *Assures* it, through *Filmtab*.

In short, *Filmtab*'s a name that stands for quality, stability, potency. The very best in vitamin coatings. *Filmtab* doesn't add a penny to the cost. And it's a name found *only* on



**VITAMINS by ABBOTT**



NEWEST  
NUTRITIONAL  
PRODUCT  
FROM ABBOTT

To meet special nutritional needs of growing teenagers...

## Filmtab® DAYTEENS

TRADEMARK

- RICH IN IRON, CALCIUM, VITAMINS—IMPORTANT FACTORS FOR THE GROWTH YEARS
- FILMTAB-COATED TO CUT SIZE AND ASSURE FULL POTENCY
- HANDSOME TABLE BOTTLES AT NO EXTRA COST (100-SIZE)
- ALSO SUPPLIED IN BOTTLES OF 250 AND 1000.

NOW, DAYTEENS JOINS THE COMPLETE LINE OF QUALITY VITAMINS BY ABBOTT:

**FILMTAB DAYALETS®**  
Table bottle of 100  
Bottles of 50 and 250

**FILMTAB DAYALETS-M®**  
Apothecary bottles  
of 100 and 250

Extra-potent maintenance  
formulas—ideal for the  
"nutritionally run-down"

**FILMTAB OPTHLETS®**  
Table bottle of 100  
Bottles of 50 and 250

Therapeutic formulas  
for general health and  
nutrition—ideal for  
infection, etc.

**FILMTAB SUR-BEX® with C**  
Table bottle of 60  
Bottles of 100,  
500 and 1000

Therapeutic formula of  
the essential B-complex  
plus C, for convalescence,  
stress, post-surgery, etc.

### EACH DAYTEENS FILMTAB® REPRESENTS:

Vitamin A.....	(5000 units) 1.5 mg.
Vitamin D.....	(1000 units) 25 mcg.
Thiamine Mononitrate (B <sub>1</sub> ).....	2 mg.
Riboflavin (B <sub>2</sub> ).....	2 mg.
Nicotinamide.....	20 mg.
Pyridoxine Hydrochloride.....	0.5 mg.
Vitamin B <sub>12</sub> (as cobalamin concentrate).....	2 mcg.
Calcium Pantothenate.....	5 mg.
Ascorbic Acid (C).....	50 mg.
Iron (as sulfate).....	10 mg.
Copper (as sulfate).....	0.15 mg.
Iodine (as calcium iodate).....	0.1 mg.
Manganese (as sulfate).....	0.05 mg.
Magnesium (as oxide).....	0.15 mg.
Calcium (as phosphate).....	250 mg.
Phosphorus (as calcium phosphate).....	193 mg.

**VITAMINS by ABBOTT**





roll this  
**MOBILE**  
electrocardiograph  
wherever  
it's needed

MODEL 100M MOBILE VISO-CARDIETTE

\$895 delivered,  
Continental U.S.A.

**T**HIS IS THE NEWEST Sanborn electrocardiograph — complete with all accessories in a fully mobile, easy-to-roll cabinet version. A single Model 100M "Mobile Viso" can easily serve several locations within a clinic or hospital, and perfectly answers the need for instrument storage away from the point of use. The highly developed design of this modern instrument also provides fully diagnostic cardiograms at either of two chart speeds (25 and 50 mm/sec), sensitivity settings of  $\frac{1}{2}$ , 1 or 2 times normal, fully automatic stylus stabilization during lead switching, pushbutton grounding, jacks for recording and monitoring non-

ECG inputs in conjunction with other equipment. The cabinet is available in either handsome mahogany or exceptionally durable, stain-resistant plastic laminate.

The same basic instrument — with identical circuitry — is also manufactured as a desk-top instrument, designated Model 100 Viso-Cardiette. A third choice in Sanborn ECG'S is also offered, for the physician whose practice demands *maximum portability*: the 18-pound "briefcase" size Model 300 Visette. All are proven Sanborn electrocardiographs, reflecting more than four decades of experience in the manufacture of medical instrumentation.

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*Photos used with patient's permission.*

## **How new Dianabol rebuilt muscle tissue in this underweight, debilitated patient**

*Patient was weak and emaciated before Dianabol.* R. C., age 51, weighed 160 pounds following surgery to close a perforated duodenal ulcer. His convalescence was slow and stormy, complicated by pneumonia of both lower lobes. Weak and washed out, he was considered a poor risk for further necessary surgery (cholecystectomy). Because a conventional low-fat diet and multiple-vitamin therapy failed to build up R. C. sufficiently, his physician prescribed Dianabol 5 mg. b.i.d.

*Patient regains strength on Dianabol.* In just two weeks R. C.'s appetite increased substantially; he had gained 9½ pounds of lean weight. His muscle tone was improved, he felt much stronger. After 4 weeks, he weighed 176 pounds. Biceps measurement increased from 10" to 11½". For the first time since onset of postoperative pneumonia, his chest was clear. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop felt better than he has in the past 2 years."

# In over five years



## ...for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Meproamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a *known* drug. Its few side effects have been fully reported. *There are no surprises in store for either the patient or the physician.*

# of clinical use...

## **Proven**

in more than 750 published clinical studies

## **Effective**

for relief of anxiety and tension

## **Outstandingly Safe**

- 1 simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
- 2 no cumulative effects, thus no need for difficult dosage readjustments
- 3 does not produce ataxia, change in appetite or libido
- 4 does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- 5 does not impair mental efficiency or normal behavior

# **Miltown®**

meprobamate (Wallace)

*Usual dosage:* One or two 400 mg. tablets t.i.d.

*Supplied:* 400 mg. scored tablets, 200 mg. sugar-coated tablets;  
or as MEPROTABS®—400 mg. *unmarked*, coated tablets.



WALLACE LABORATORIES / Cranbury, N. J.



After a history and a physical ruled out organic disease, the physician diagnosed the case as recurring states of anxiety. To relieve these symptoms for this busy, on-the-go housewife, he prescribes Meprospan-400, the *only* meprobamate in *sustained-release* form.



As directed, the patient takes one Meprospan-400 capsule at breakfast. Her symptoms of tension and nervousness are soon relieved, and she will not have to remember to take another capsule until dinnertime.



Calm and relaxed, the patient is no longer upset by the pressures and irritations met in everyday life, nor is she likely to be incapacitated by autonomic disturbances, drowsiness, ataxia or other untoward reactions.



Alert and attentive, the patient participates in a P.T.A. meeting, following her second capsule of Meprospan-400 taken with the evening meal. Meprospan-400 does not decrease her mental efficiency or interfere with her normal activities or behavior.



Peacefully asleep, the patient enjoys beneficial rest... Meprospan-400 has relieved the tensions that previously prevented sleep or kept her tossing and turning throughout the night.

most widely prescribed tranquilizer...  
most convenient dosage form...

**ONE CAPSULE LASTS 12 HOURS**

**Meprospan®-400**

400 mg. MILTOWN® SUSTAINED-RELEASE CAPSULES

**Usual dosage:** One capsule at breakfast lasts all day, one capsule with evening meal lasts all night. **Supplied:** Meprospan-400, each blue-topped *sustained-release* capsule contains 400 mg. Miltown. **Also available:** Meprospan-200, each yellow-topped *sustained-release* capsule contains 200 mg. Miltown. **For children:** Capsules can be opened and the coated granules mixed with soft foods or liquids.

Both potencies in bottles of 30.

Samples and literature available on request.

 **WALLACE LABORATORIES / Cranbury, N. J.**



# **There's hardly a case of "nervous gut" that won't respond to BENTYL**

(dicyclomine) hydrochloride



**85%**  
**effective**<sup>1-7</sup>  
**(from infancy to old age)**

The effectiveness of antispasmodic BENTYL has been confirmed by a decade of consistently good results.<sup>1-25</sup> Prolonged relief from G.I. spasm and pain is usually attained in 30 minutes or less.

**REFERENCES:** 1. Lorber, S. H., and Shay, H.: *Gastroenterology* 28:274, 1955. 2. Hock, C. W.: *J. M. A. Georgia* 40:22, 1951. 3. Chamberlin, D. T.: *Gastroenterology* 17:224, 1955. 4. Steves, M. F.: *Ohio State M. J.* 48:615, 1952. 5. Derome, L.: *Canad. M. A. J.* 69:532, 1953. 6. Pakula, S. F.: *Postgrad. Med.* 11:123, 1952. 7. Guerrero, R. M., Cancio, R., and Songco, R.: *Phil. J. Pediat.* 2:30, 1953. 8. Hock, C. W.: *J. M. A. Georgia* 43:124, 1954. 9. Hufford, A. R.: *Am. J. Digest. Dis.* 19:257, 1952. 10. Brown, D. W., and Guilbert, G. D.: *Am. J. Ophth.* 36:1735, 1953. 11. Cholist, M., Goodstein, S., Berens, C., and Cinotti, A.: *J.A.M.A.* 166:1276, 1958. 12. Brown, B. B., Thompson, C. R., Klahm, G. R., and Werner, H. W.: *J. Am. Pharm. A. (Sc. Edit.)* 39:305, 1950. 13. Hufford, A. R.: *J. Michigan M. Soc.* 49:1308, 1950. 14. McHardy, G. G., Browne, D. C., Marek, F. H., McHardy, R., and Ward, S.: *J.A.M.A.* 147:1620, 1951. 15. Esses, E., Magee, D. F., and Ivy, A. C.: *Gastroenterology* 21:574, 1952. 16. Northrup, D. W., Stickney, J. C., and Van Liere, E. J.: *Am. J. Physiol.* 171:513, 1952.

# **There's hardly ever a case who can't tolerate BENTYL**

(dicyclomine) hydrochloride

---

**97%**  
**well tolerated**<sup>1-8</sup>  
**(even in glaucoma patients)**

The use of BENTYL in glaucoma patients is an unusual index of its safety.<sup>9-11</sup> Because of highly selective action on the G.I. tract, blurred vision, dry mouth or urinary retention rarely occur.

*Usual dosage:* 20 mg. t.i.d. You may prescribe BENTYL in any of 7 convenient dosage forms. There is a BENTYL dosage form to suit every age group and therapeutic need. See Page 743, Physicians' Desk Reference, 1960.

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**THE WM. S. MERRELL COMPANY • CINCINNATI, OHIO • ST. THOMAS, ONTARIO**

# ANTACID THERAPY

for bedridden as well as ambulant patients

Pleasant Tasting

# Titralac<sup>®</sup>

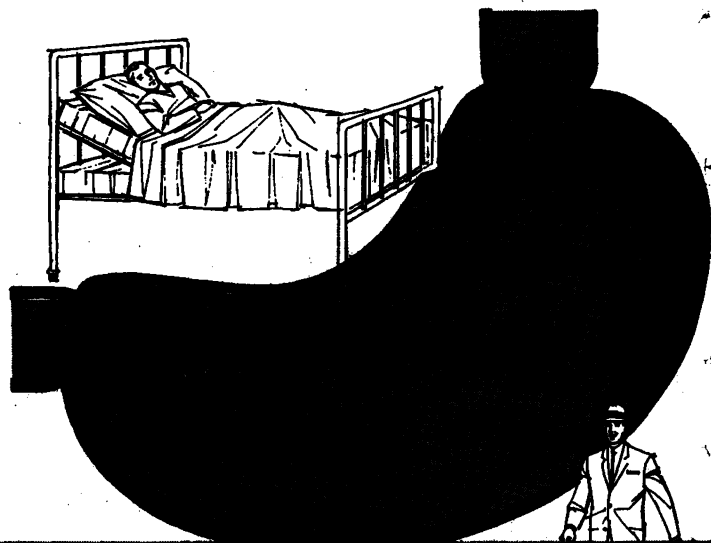
milk-like action...

no constipation or laxation...

no interference with gastrointestinal absorption...

**WHENEVER an ANTACID  
is indicated:**

- Peptic ulcer (gastric and duodenal)
- Heartburn due to dietary or alcoholic indiscretions, pregnancy
- Gastric hyperacidity associated with acute, subacute, and chronic gastritis
- Drug-induced gastric hyperacidity resulting from administration of salicylates, corticosteroids, reserpine, etc.



**Riker**

*"Well, I'll send the culture to the lab, and we should hear from Bacteriology in a day or two. Now, how shall we treat her cystitis while we're waiting?"*

*"The chief usually orders AZOTREX. The azo dye is an excellent urinary analgesic and the sulfamethizole and tetracycline are likely to take care of most of the bugs you find in the urinary tract. If necessary, you can switch to something else after you get the lab findings. But it probably won't be necessary."*

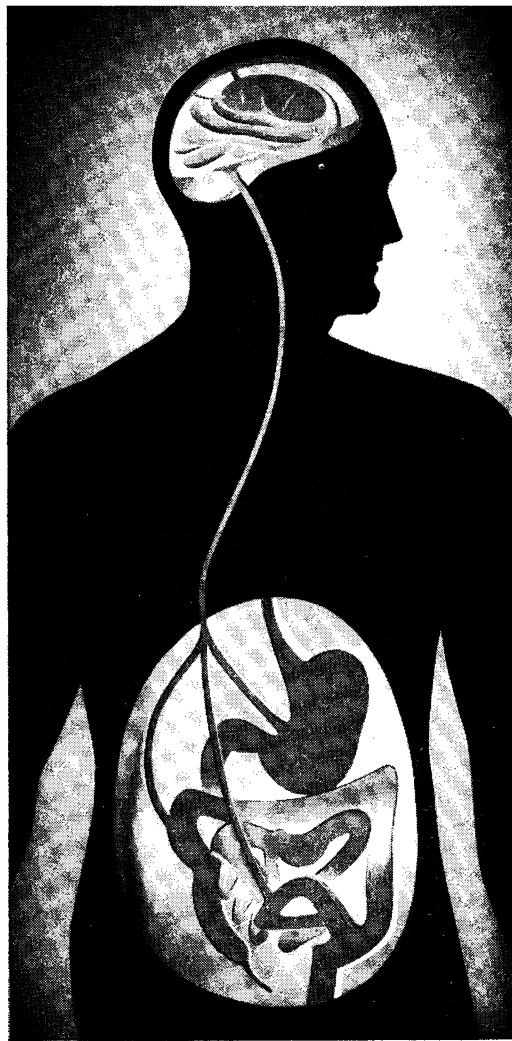


*anticholinergic*

**KEEPS  
THE STOMACH  
FREE OF PAIN**

*tranquilizer*

**KEEPS  
THE MIND OFF  
THE STOMACH**



Milpath acts quickly to suppress pain and spasm, and to allay anxiety and tension with minimal side effects.

**AVAILABLE  
IN TWO  
POTENCIES:**

**Milpath-400** — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

**Milpath-200** — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

**Milpath<sup>®</sup>**

<sup>®</sup>Miltown + anticholinergic

**WALLACE LABORATORIES** Cranbury, N. J.





**Beating  
too fast?**

**Slow it  
down with  
SERPASIL®**

(reserpine CIBA)

Serpasil has proved effective as a heart-slowng agent in the following conditions: mitral disease; myocardial infarction; cardiac arrhythmias; neurocirculatory asthenia; thyroid toxicosis; excitement and effort syndromes; cardiac neurosis; congestive failure. Serpasil should be used with caution in patients receiving digitalis and quinidine. It is not indicated in cases of aortic insufficiency.

SUPPLIED: Tablets, 0.1 mg., 0.25 mg. (scored) and 1 mg. (scored). Complete information available on request.



a breathing spell from asthma

# Quadrinal\*

a rapid way to clear the airway

- stops wheezing
- increases cough effectiveness
- relieves spasm

In chronic disorders associated with obstructed respiration, the dependable antispasmodic and expectorant action of Quadrinal rapidly clears the bronchial tree. Patients breathe more easily and acute episodes of bronchospasm are often eliminated. Quadrinal is well tolerated, even on prolonged administration. The potassium iodide in Quadrinal provides an expectorant of time-tested effectiveness and safety.

**Indications:** Bronchial asthma, chronic bronchitis, pulmonary fibrosis, pulmonary emphysema.

**Quadrinal Tablets**, containing ephedrine HCl (24 mg.), phenobarbital (24 mg.), Phyllicin\* (theophylline-calcium salicylate) (130 mg.), and potassium iodide (0.3 Gm.).

Also available —

a new Quadrinal dosage form with taste-appeal for all age groups:  
fruit-flavored QUADRINAL SUSPENSION (1 teaspoonful = 1/2 Quadrinal Tablet)



**KNOLL PHARMACEUTICAL COMPANY, ORANGE, NEW JERSEY**

\*Quadrinal Phylline



# a new antitussive molecule

alpha-(2-dimethylaminoethyl)-o-chlorobenzhydrol hydrochloride, generically termed "chlophedianol hydrochloride"

## NON-NARCOTIC

# ULO<sup>®</sup>

## SYRUP

### THE ADVANTAGES OF ULO

cough suppressant action **equal to** narcotics

duration of action **greater than** narcotics

side actions **less than** narcotics

Though it reaches peak action somewhat more slowly, the cough-suppressant power of ULO is fully as great as that of narcotics.

After reaching peak action, ULO maintains its maximal cough-suppressant effect undiminished for 4 to 8 hours.

ULO is free from the limitations and undesirable side effects of narcotics...no constipation...no nausea...no gastric irritation...no appetite suppression...no tolerance development...no respiratory depression...no drowsiness.



# CLINICAL RESULTS WITH ULO

in 1078 patients observed by 50 U.S. investigators, 46 of whom were chest physicians.

Diagnostic Category	Number of Patients	Results			
		Good to Excellent	Fair	Poor	Not Specified
Upper Respiratory Infection	521	357	88	57	19
Bronchitis	398	309	42	38	9
Pneumonia	53	44	4	5	0
Postnasal Drip	48	32	9	3	4
Tracheobronchitis	32	23	4	3	2
Croup	14	10	2	2	0
Pleurisy	12	11	0	1	0
<b>Total Patients</b>	<b>1078</b>	<b>786</b>	<b>149</b>	<b>109</b>	<b>34</b>
<b>Total Patients Benefited</b>		<b>86.2%</b>			

## Indications

Upper respiratory infections

Common cold

Influenza

Pneumonia

Bronchitis

Tracheitis

Laryngitis

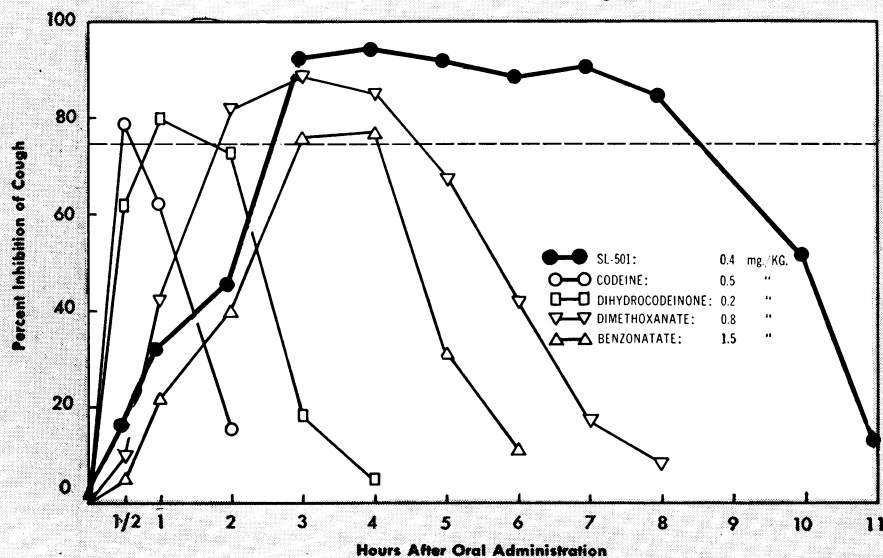
Croup

Pertussis

Pleurisy

## 4 to 8 hour sustained cough suppression

Comparison of therapeutically equivalent doses of ULO and other antitussive agents



Mean per cent inhibition of cough in dogs following oral administration of therapeutically equivalent doses of ULO (SL-501) and other antitussive agents. The horizontal dotted line represents threshold of maximum effectiveness, arbitrarily taken at 75 per cent suppression of counted coughs. Note that the duration of maximum effectiveness of a single dose of ULO is 6 hours, 24 times as long as that of codeine. Peak effectiveness of ULO is not reached until 2 or 3 hours after administration, but the maximum antitussive action lasts at least 6 hours.

Chen, J. Y.; Biller, H. F., and Montgomery, E. G., Jr.: J. Pharmacol. & Exper. Therap. 128:384, 1960.

### Safety

There are no known contraindications. Side effects occur only occasionally and have been mild. Nausea and dizziness have occurred infrequently, vomiting and drowsiness rarely.

### Dosage:

**Adults:** 25 mg. (1 teaspoonful) 3 or 4 times daily as required;  
**Children:** 6 to 12 years of age—12.5 to 25 mg. (½ to 1 teaspoonful) 3 or 4 times daily as required;  
 2 to 6 years of age—12.5 mg. (½ teaspoonful) 3 or 4 times daily as required.

### Availability

ULO Syrup, 25 mg. per 5 cc. (teaspoonful), in bottles of 12 fluid ounces.



Northridge, California

## CONSISTENTLY GOOD CLINICAL RESULTS IN TRICHOMONAL AND MONILIAL VAGINITIS

TRICOFURON IMPROVED (Suppositories and Powder) cured 143 of 161 patients with vaginitis due to *Trichomonas vaginalis*, *Candida (Monilia) albicans*, or both. "Almost immediate symptomatic improvement was noted with the first insufflation."

Criteria for cure: freedom from infecting organisms as well as symptoms on repeated examinations during a three-month follow-up. This cure rate of 88.8% is "surprisingly similar" to results reported by earlier investigators.

Coolidge, C. W., Glisson, C. S., and Smith, A. S.:  
*J.M.A. Georgia* 48:167, 1959.

## TRICOFURON<sup>®</sup> IMPROVED

2-step treatment brings swift relief,  
eradicates stubborn trichomonads,  
*Candida (Monilia) albicans*,  
*Haemophilus vaginalis*

1. powder for weekly insufflation in your office.  
MICROFUS<sup>®</sup>, brand of nifuroxime, 0.5%  
and FEMOXONE<sup>®</sup>, brand of furazolidone, 0.1% in  
an acidic water-dispersible base.

2. suppositories for continued home use  
—1st week one suppository in the morning  
and one at bedtime. After 1st week, one  
suppository at night may suffice.

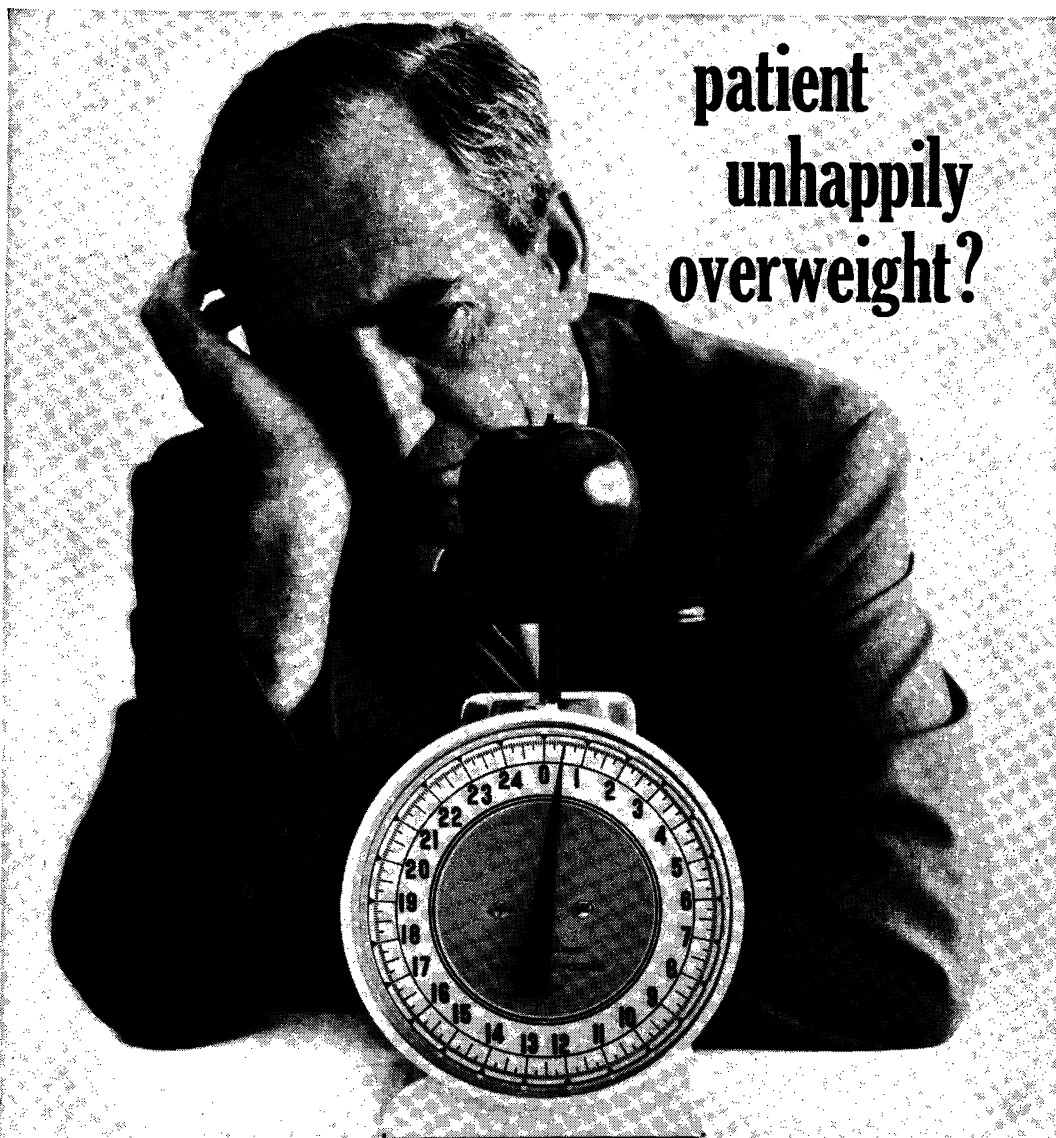
Continue use of suppositories during menses.  
Treatment should be continued throughout a complete  
menstrual cycle and for several days thereafter.

MICROFUS 0.375% and FEMOXONE 0.25%  
in a water-miscible base.

*Rx new box of 24 suppositories with applicator  
for more practical and economical therapy.*

*Also available:  
box of 12 suppositories with applicator.*

NITROFURANS—a unique class of antimicrobials  
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patient  
unhappily  
overweight?

minimize care and eliminate despair with  
**'METHEDRINE'**

brand Methamphetamine Hydrochloride

Controls food craving, keeps the reducer happy — In obesity, "our drug of choice has been methedrine . . . because it produces the same central effect with about one-half the dose required with plain amphetamine, because the effect is more prolonged, and because undesirable peripheral effects are significantly minimized or entirely absent."<sup>1</sup> Literature available on request.

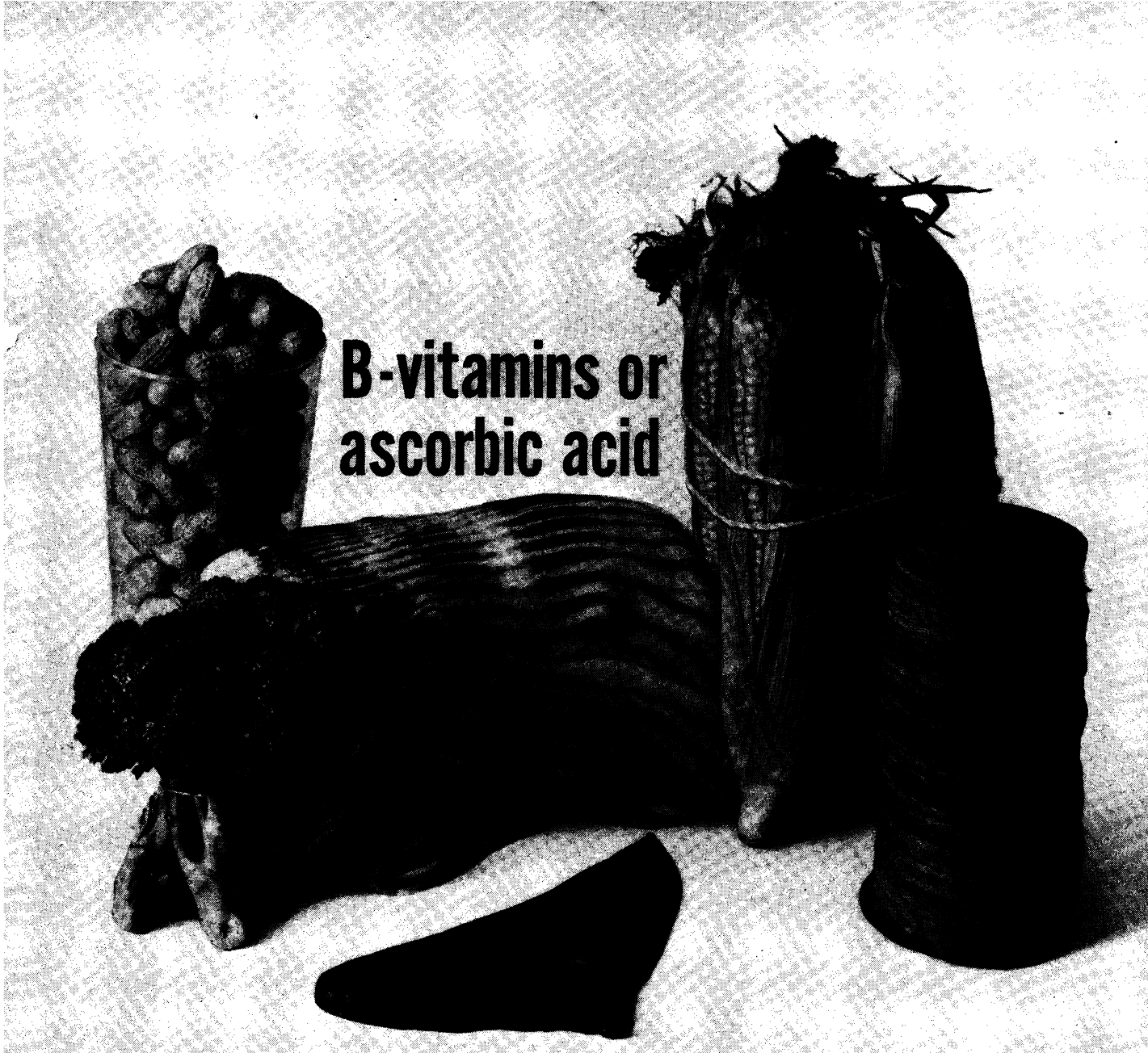
Supplied: Tablets 5 mg., scored. Bottles of 100 and 1000.

<sup>1</sup> Douglas, H. S.: West. J. Surg. 59:238 (May) 1951.



BURROUGHS WELLCOME & CO. (U. S. A.) INC., Tuckahoe, New York





**B-vitamins or  
ascorbic acid**

**saturation doses – the hard way!**

Each of these food portions contains a saturation dose of one of the water-soluble B vitamins or C. The easy way to provide such quantities of these vitamins with speed, safety and economy is to prescribe Allbee with C. Recommended in pregnancy, deficiency states, digestive dysfunction and convalescence.

**In each Allbee with C:**

Thiamine mononitrate (B<sub>1</sub>) 15 mg.  
Riboflavin (B<sub>2</sub>) .....10 mg.  
Pyridoxine HCl (B<sub>6</sub>)..... 5 mg.  
Nicotinamide ..... 50 mg.  
Calcium pantothenate .....10 mg.  
**Ascorbic acid (Vitamin C) 250 mg.**

**As much as:\***

6.9 lbs. of fried bacon  
31½ ozs. of liverwurst  
2 lbs. of yellow corn  
11 ozs. of roasted peanuts  
¼ lb. of fried beef liver  
¾ lb. of cooked broccoli

\*These common foods are among the richest sources of B vitamins and ascorbic acid. H. A. Wooster, Jr., Nutritional Data, 2nd Ed., Pittsburgh, 1954.

**Allbee® with C**

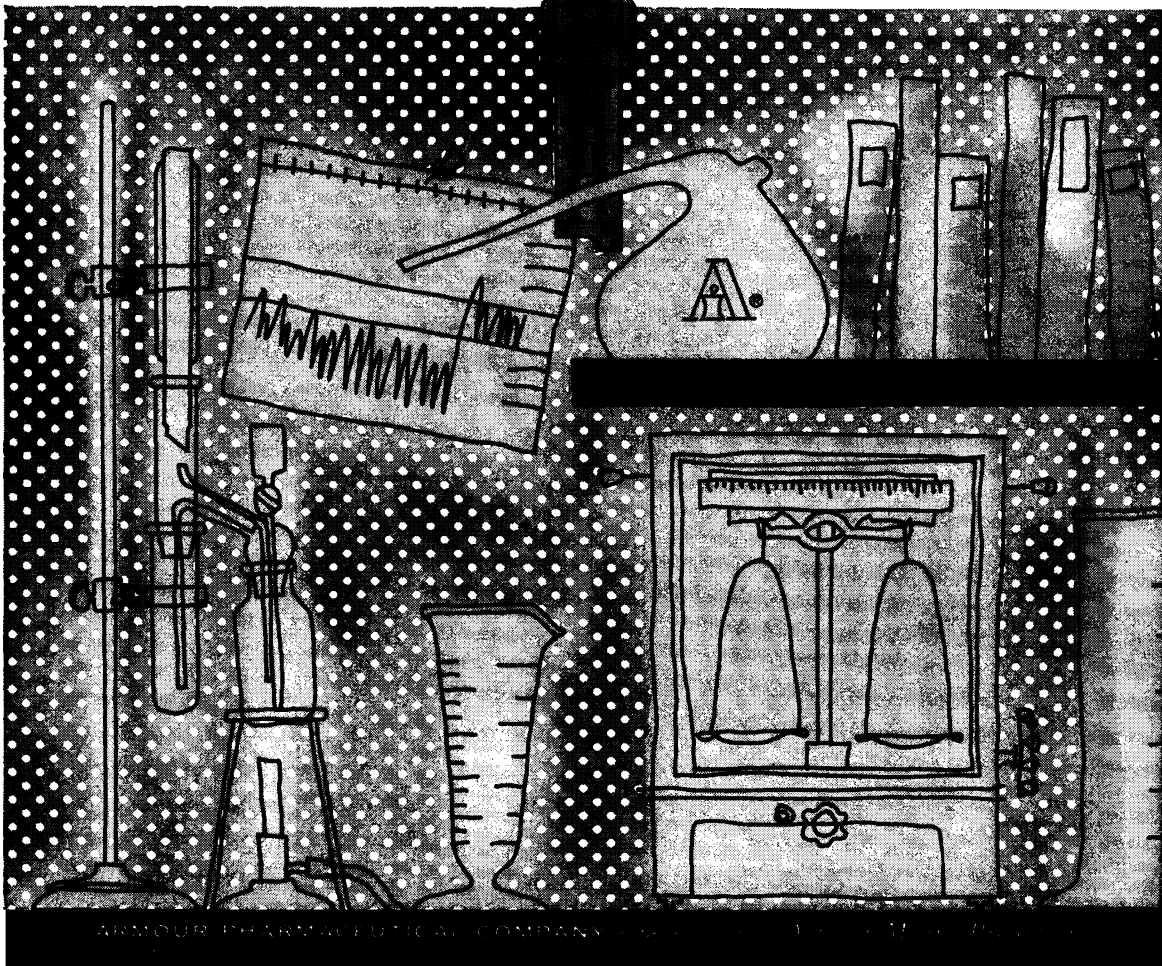


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RICHMOND 20, VIRGINIA**

# ALWAYS SPECIFY ARMOUR THYROID

**ARMOUR THYROID** for over half a century has been more widely prescribed...more widely dispensed than any other thyroid product. Pioneer in thyroid standardization, Armour's rich background of experience assures you of unsurpassed quality, uniform potency and consistent therapeutic effects.

**BY ANY  
MEASUREMENT  
THE THYROID  
OF CHOICE**



**NEW... for high levels of control in petit mal epilepsy**

# ZARONTIN<sup>®</sup>

(ethosuximide, Parke-Davis)

**Latest member of the Parke-Davis Family of Anticonvulsants**

In an extensive clinical study\* involving 109 children with petit mal, the investigators found ZARONTIN to be: **EFFECTIVE**—"Quite a few patients, never before helped by any drug, have been completely controlled for several years on [ZARONTIN]." **SPECIFIC**—"Petit mal cases responded remarkably well to [ZARONTIN]...." "Quick and dramatic reduction of attacks occurred in most of 109 patients studied...." **WELL TOLERATED**—These investigators found in this series of patients that "...side effects were mild and infrequent." **DEPENDABLE**—"Results to date unquestionably favor the action of [ZARONTIN] as far as ability to hold former gains is concerned." **PACKAGING:** ZARONTIN (ethosuximide, Parke-Davis) Capsules, 0.25 Gm., bottles of 100.

**other members of THE PARKE-DAVIS FAMILY OF ANTICONVULSANTS** —for grand mal and psychomotor seizures: **DILANTIN<sup>®</sup> Sodium** (diphenylhydantoin sodium, Parke-Davis) is supplied in several forms including Kapseals,<sup>®</sup> 0.03 Gm. and 0.1 Gm., bottles of 100 and 1,000 • **PHELANTIN<sup>®</sup>** (Dilantin 100 mg., phenobarbital 30 mg., desoxyephedrine hydrochloride 2.5 mg.) Kapseals, bottles of 100 • **for the petit mal triad:** **MILONTIN<sup>®</sup>** (phensuximide, Parke-Davis) Kapseals, 0.5 Gm., bottles of 100 and 1,000; Suspension, 250 mg. per 4 cc., 16-ounce bottles • **CELONTIN<sup>®</sup>** (methsuximide, Parke-Davis) Kapseals, 0.3 Gm., bottles of 100.

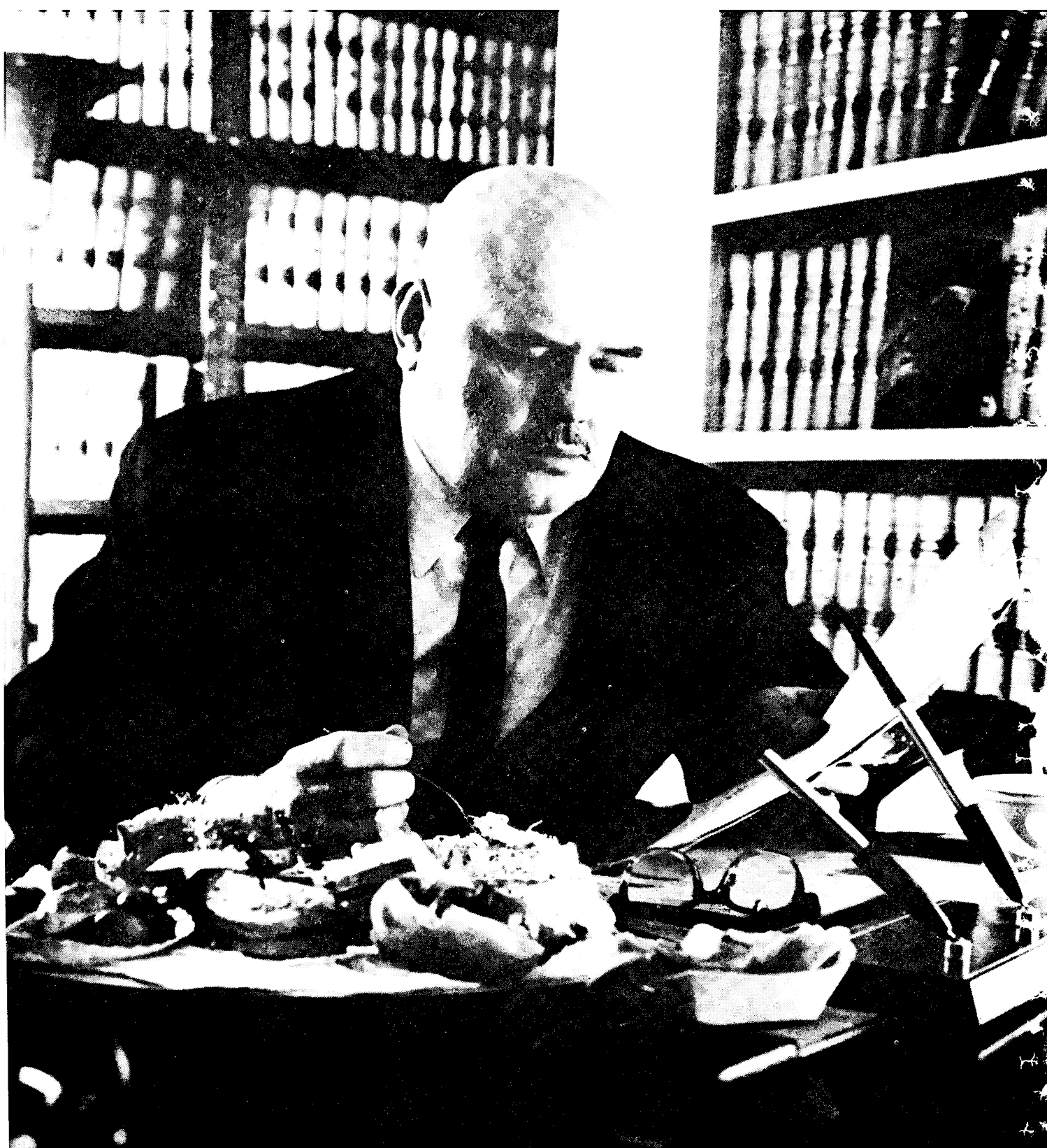
See medical brochure, available to physicians, for details of administration and dosage.  
\*Zimmerman, F. T., & Burgemeister, B. B.: *Neurology* 8:769, 1958.

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**PARKE-DAVIS**

PARKE-DAVIS & COMPANY • DETROIT 32, MICHIGAN





for "special-problem" patients...when corticosteroid therapy is indicated

# Aristocort®

in rheumatoid arthritis

# Aristocort®

Triamcinolone LEDERLE

UNSURPASSED "GENERAL-PURPOSE" STEROID  
OUTSTANDING FOR "SPECIAL-PURPOSE" THERAPY

ARISTOCORT Triamcinolone has long since proved its *unsurpassed efficacy and relative safety* in treating rheumatoid arthritis. Mounting clinical evidence has shown that ARISTOCORT is also highly valuable for the "special-problem" arthritic—the patient who, because of certain complications, was hitherto considered a poor candidate for corticosteroids.

for example:

**SPECIAL PROBLEM: ANXIETY-TENSION**

When triamcinolone was used, euphoria and psychic unrest rarely occurred. (McGavack, T. H.: *Clin. Med.* 6:997 [June] 1959.)

**SPECIAL PROBLEM: OVERWEIGHT**

No patient developed voracious appetite on triamcinolone. Preferable for the overweight person whose appetite is undesirably stimulated by other steroids. (Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arthritis & Rheumatism* 1:215 [June] 1958.)

**SPECIAL PROBLEM: EDEMA**

Since it does not produce edema, triamcinolone is useful in rheumatoid arthritis patients with cardiac decompensation who need steroid therapy. (Hollander, J. L.: *J.A.M.A.* 172:306 [Jan. 23] 1960.)

**SPECIAL PROBLEM: HYPERTENSION**

Triamcinolone may be included among the currently available antirheumatic steroids having the least tendency to cause sodium retention. (Ward, L. E.: *J.A.M.A.* 170:1318 [July 11] 1959.)

Hypertension did not result from triamcinolone therapy. Existing hypertension was reduced sometimes. This may have been due to lack of sodium retention. (Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arthritis & Rheumatism* 1:215 [June] 1958.)

**Precautions:** Collateral hormonal effects generally associated with corticosteroids may be induced. These include Cushingoid manifestations and muscle weakness. However, sodium and potassium retention, edema, weight gain, psychic aberration and hypertension are exceedingly rare. In the treatment of rheumatoid arthritis, dosage should be individualized and kept at the lowest level needed to control symptoms. Dosage should not exceed 36 mg. daily without potassium supplementation. Drug should not be withdrawn abruptly. Contraindicated in herpes simplex and chicken pox.

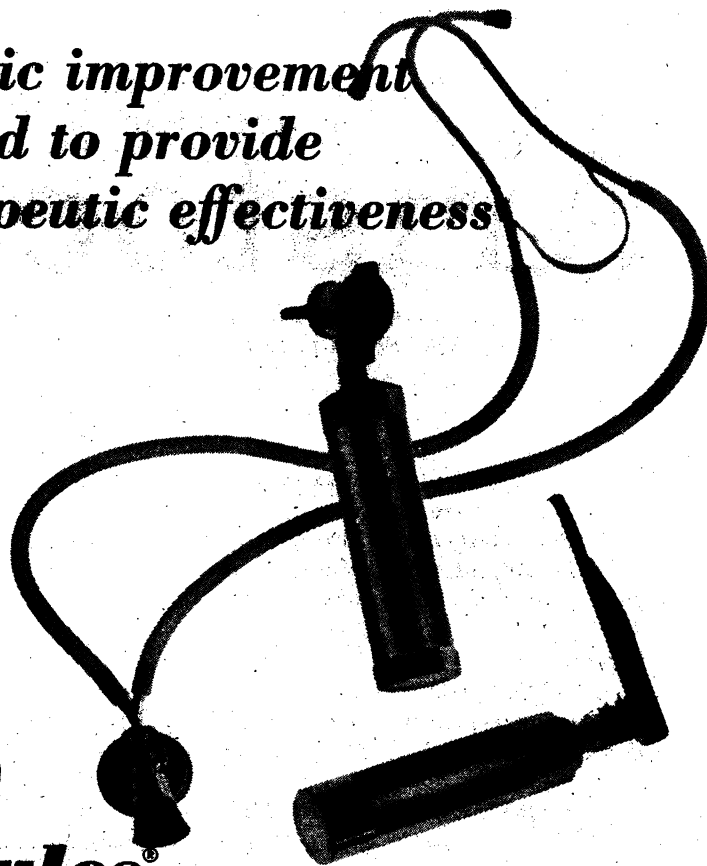
**Supplied:** Scored tablets—1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white). Also available—syrup, parenteral and various topical forms.



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



*an antibiotic improvement  
designed to provide  
greater therapeutic effectiveness*



**now**  
**Pulvules®**  
**Ilosone®**

(propionyl erythromycin ester lauryl sulfate, Lilly)

*in a more acid-stable form  
assure adequate absorption even when taken with food*

Ilosone retains 97.3 percent of its antibacterial activity after exposure to gastric juice (pH 1.1) for forty minutes.<sup>1</sup> This means there is more antibiotic available for absorption—greater therapeutic activity. Clinically, too, Ilosone has been shown<sup>2,3</sup> to be decisively effective in a wide variety of bacterial infections—with a reassuring record of safety.<sup>4</sup>

*Usual dosage* for adults and for children over fifty pounds is 250 mg. every six hours.

*Supplied* in 125 and 250-mg. Pulvules and in suspension and drops.

1. Stephens, V. C., *et al.*: J. Am. Pharm. A. (Scient. Ed.), 48:620, 1959.

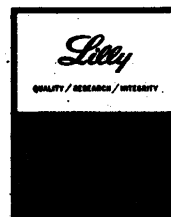
2. Salitsky, S., *et al.*: Antibiotics Annual, p. 893, 1959-1960.

3. Reichelderfer, T. E., *et al.*: Antibiotics Annual, p. 899, 1959-1960.

4. Kuder, H. V.: Clin. Pharmacol. & Therap., in press.

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**Ear-Nose-Throat.** Thursday through Saturday, May 11 through 13. Twenty-one hours.\*

**Proctology.** Thursday through Saturday, May 18 through 20. Twenty-one hours.\*

**Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes.** Two or three month course limited to one enrollee per month. Fee: \$350.00.

For information on courses for physicians or ancillary personnel *contact:* Seymour M. Farber, M.D., assistant dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MONTrose 4-3600, Ext. 665.

#### **PRESBYTERIAN MEDICAL CENTER, SAN FRANCISCO**

**Hematology and Cancer Chemotherapy.** Saturday, January 7. Eight hours. Fee: \$25.00.

**Common Problems in Pediatrics.** Sunday, January 29. Eight hours. Fee: \$25.00.

**Dermatologic Therapy.** Saturday, February 11. Eight hours. Fee: \$25.00.

**Diabetes and Thyroid Disease: Current Methods in Diagnosis and Treatment.** Saturday, February 25. Eight hours. Fee: \$25.00.

**The Four R's of Fractures: Recognition, Reduction, Retention, Rehabilitation.** Saturday, March 11. Eight hours. Fee: \$25.00.

**Problems in Therapy of Cardiac Disease.** Sunday, April 9. Eight hours. Fee: \$25.00.

**Problems in Neurology and Neurosurgery.** Saturday, May 6. Eight hours. Fee: \$25.00.

**Psychological Problems in General Practice.** Sunday, May 21. Eight hours. Fee: \$25.00.

**Horizons in Surgery.** Saturday, June 17. Eight hours. Fee: \$25.00.

**Note:**

Each one of 10 conferences listed above.....	\$ 25.00
The complete series of 10 conferences.....	150.00
A series of any 5 conferences.....	100.00

**Operable Heart Disease.** Friday and Saturday, March 3 and 4.

**Conference on Keratoplasty.** Wednesday through Friday, March 8 through 10.

**General Review Course for Practicing Physicians.** Thursday through Saturday, March 16 through 18.

**Conference on Strabismus.** Wednesday through Friday, July 12 through 14.

*Contact:* Arthur Selzer, M.D., program committee chairman, Presbyterian Medical Center, Clay and Webster Sts., San Francisco 15.

#### **STANFORD UNIVERSITY SCHOOL OF MEDICINE**

**Recent Advances on Hypertension.** Saturday, January 14, 8:00 a.m.-6:00 p.m.

*Contact:* Lowell A. Rantz, M.D., Associate Dean and Director Postgraduate Medicine, Stanford University School of Medicine, 300 Pasteur Drive, Palo Alto, DAVenport 1-1200.

\* Fee to be announced.

#### **UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES**

##### **Nuclear Medicine:**

**Part I,** January. Fee: \$50.00.

**Part II,** eight weeks. Fee: \$350.00.

**Part III,** twelve weeks. Fee: \$350.00.

**Clinical Hematology.** Saturday and Sunday, February 25 and 26.\*

**Hawaii Course.** August 2 through 18. The USC School of Medicine will offer the 4th Postgraduate Refresher Course to be held in Honolulu and on board the S.S. Matsonia. (As a time and money saver, air travel is also possible.)

**Cardiac Resuscitation.** Each Wednesday by appointment, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Tuition: \$30.00. (Each session all-inclusive.)

**Basic Home Course in Electrocardiography.** One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.

**Advance Home Course in Electrocardiography.** One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.

*Contact:* Phil R. Manning, M.D., associate dean and director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

#### **COLLEGE OF MEDICAL EVANGELISTS**

**SURGICAL ANATOMY (Dissection, Lectures and Demonstrations):**

**Thorax, Abdomen, Pelvis.** Monday and Wednesday, January 4 through April 12. 121 hours. Fee: \$125.00.

**Head and Neck.** Monday and Wednesday, April 19 through May 31. Sixty-three hours. Fee: \$75.00.

**SURGICAL ANATOMY (Lectures and Demonstrations only):**

**Thorax, Abdomen, Pelvis.** Wednesdays, January 4 through April 12. Twenty-eight hours. Fee: \$50.00.

**Head and Neck.** Wednesdays, April 12 through May 31. Twenty-four hours. Fee: \$35.00.

**Alumni Postgraduate Convention Refresher Courses,** March 12 and 13, on the campus of the College of Medical Evangelists at White Memorial Hospital.

**Joint Manipulation.** Monday through Friday, March 20 through 24. Twenty hours. Fee: \$100.00.

**Tropical Public Health.** Monday through Friday, April 3 through 28. Fee: \$65.00.

**Clinical Traineeships** available in clinical departments by arrangement with Postgraduate Division and Postgraduate Chairman of department involved. In addition to those listed other traineeships in other departments can be arranged. Eighty hours minimum. Limited enrollment. Begin when individually arranged.

1. **Anesthesia.** Six months. 250 to 300 hours. Fee: \$350.00.

2. **Internal Medicine.** Two weeks to nine months.

3. **Pulmonary Diseases** (can be arranged).

4. **Traumatology.** One month. 160 hours. Fee: \$125.00.

5. **Urology** (can be arranged).

*For information contact:* Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

## CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE INSTITUTES—1961

**Southern Counties**, February 2 and 3, El Mirador Hotel, Palm Springs, in cooperation with University of Southern California School of Medicine. *Chairman*: Raymond Tatro, M.D., 1875 North "D" Street, San Bernardino.

**West Coast Counties**, March 2 and 3, Del Monte Lodge, Pebble Beach, in cooperation with College of Medical Evangelists. *Chairman*: A. F. Kandlbinder, M.D., 835 Cass Street, Monterey.

**North Coast Counties**, March 23 and 24, Flamingo Hotel, Santa Rosa, in cooperation with University of California, San Francisco. *Chairman*: Milton A. Antipa, M.D., 50 Montgomery Drive, Santa Rosa.

**San Joaquin Valley**, April 14 and 15, Ahwahnee Hotel, Yosemite, in cooperation with UCLA School of Medicine. *Chairman*: J. Malcolm Masten, M.D., 1051 R Street, Fresno.

**Sacramento Valley Counties**, June 29 and 30, in cooperation with Stanford University School of Medicine, Tahoe Tavern, Lake Tahoe. *Chairman*: Joel T. Janvier, M.D., 3632 Marysville Road, Del Paso Heights.

## AUDIO-DIGEST FOUNDATION

A nonprofit subsidiary of the C.M.A., offers (on a subscription basis) a series of six different hour-long tape recordings covering general practice, surgery, internal medicine, obstetrics and gynecology, pediatrics and anesthesiology. Designed to keep physicians posted on what is new and important in their respective fields, these programs survey current national and international literature of interest and contain selected highlights of on-the-spot recordings of national scientific meetings, panel discussions, symposia, and individual lectures. For information contact Mr. Claron L. Oakley, Editor, 1919 Wilshire Blvd., Los Angeles 57, HUbbard 3-3451.

## Medical Dates Bulletin

### JANUARY MEETINGS

**LOS ANGELES COUNTY HEART ASSOCIATION** Mid-Winter Symposium. January 11, Statler Hilton Hotel, Los Angeles. *Contact*: H. T. Siegel, LACHA, 2405 W. 8th Street, Los Angeles.

**LONG BEACH HEART, CANCER AND TB** Third Annual Medical Symposium on Diseases of the Heart, Lungs and Chest. January 18, 12:30 p.m., Long Beach Petroleum Club. *Contact*: Leslie R. Raymond, executive director, 2034 Pacific Avenue, Long Beach.

**LOS ANGELES TRUDEAU SOCIETY** and **THE TUBERCULOSIS AND HEALTH ASSOCIATION** of **LOS ANGELES COUNTY** 8TH BIENNIAL CHEST DISEASE SYMPOSIUM. January 18 through 20, Ambassador Hotel, Los Angeles. *Contact*: Richard S. Gaines, 1670 Beverly Blvd., Los Angeles 26, California.

**WESTERN PHARMACOLOGY SOCIETY** ANNUAL MEETING. January 22 through 24, Miramar Hotel, Santa Monica. *Contact*: Howard R. Bierman, M.D., President, 9730 Wilshire Blvd., Beverly Hills.

**THIRTIETH ANNUAL MID-WINTER CONVENTION** in **OPHTHALMOLOGY** and **OTOLARYNGOLOGY**. January 23 to 27, Statler-Hilton Hotel, Los Angeles. *Contact*: Norman Jesberg, M.D., treasurer, 500 South Lucas, Los Angeles 17.

**WESTERN SOCIETY FOR CLINICAL RESEARCH**. January 26 through 28, Carmel-by-the-Sea, Calif. *Contact*: William N. Valentine, M.D., secretary-treasurer, UCLA School of Medicine, Los Angeles 24.

**FRESNO COUNTY HEART ASSOCIATION** Ninth Annual Central California Cardiovascular Symposium. January 27, 8:30 a.m. to 5:30 p.m. Fresno Elks Club, 5080 E. Kings Canyon Road, Fresno. *Contact*: Jack J. Jacobson, M.D., chairman, Professional Services Committee, 1584 N. Van Ness Ave., Fresno.

### FEBRUARY MEETINGS

**AMERICAN COLLEGE OF PHYSICIANS** Southern California Region, Annual Meeting, in cooperation with Northern California and Nevada, Arizona and New Mexico. Biltmore Hotel, Santa Barbara, February 3, 4, 5, 1961. *Contact*: Sherman Mellinkoff, M.D., chairman, scientific program committee, U.C.L.A. Medical Center, Los Angeles 24.

**INSTITUTE FOR METABOLIC RESEARCH** "Lipid Metabolism in Diabetes and Related Conditions" two-day round table symposium. February 7 and 8, Highland-Alameda County Hospital, Oakland. *Contact*: L. W. Kinsell, M.D., director, Institute for Metabolic Research, 2701 14th Ave., Oakland.

**OBSTETRICAL AND GYNECOLOGICAL ASSEMBLY** of **SOUTHERN CALIFORNIA**, 16th Annual Mid-Winter Clinical Assembly. Ambassador Hotel, Los Angeles, February 13 through 17. *Contact*: Dee Davis, executive secretary, 5478 Wilshire Blvd., Los Angeles 36, WEbster 4-1551.

**LOS ANGELES SOCIETY OF NEUROLOGY AND PSYCHIATRY** in cooperation with California Spinal Cord Research Foundation, Conference "Recent Contributions of Basic Research to Paraplegia." February 17 and 18, Los Angeles. *Contact*: Robert P. Sedgwick, M.D., secretary-treasurer, 2010 Wilshire Blvd., Los Angeles 57.

**CALIFORNIA TUBERCULOSIS AND HEALTH ASSOCIATION**, California Trudeau Society Annual Joint Meeting. February 19 through 22, Jack Tar Hotel, San Francisco. *Contact*: Executive director, C.T.H.A., 130 Hayes Street, San Francisco.

**SOUTHERN CALIFORNIA SOCIETY OF GASTROENTEROLOGY**. "Problems and Pitfalls in Differential Diagnosis of Jaundice"—Leon Schiff, M.D., February 27, Los Angeles County Medical Association. *Contact*: William E. Molle, M.D., secretary-treasurer, 6221 Wilshire Blvd., Los Angeles 48.

### MARCH MEETINGS

**SECOND LOW-BEER MEMORIAL LECTURE**. University of California School of Medicine. March 2, 8:00 p.m. Auditorium-S, Medical Sciences Bldg., U. C. San Francisco. *Contact*: F. Buschke, M.D., Professor of Radiology, University of California Medical Center, San Francisco 22, Calif.

**SOUTHWESTERN PEDIATRIC SOCIETY** Postgraduate Lecture Series. March 7 and 8, Statler Hotel, Los Angeles. *Contact*: Harry O. Ryan, M.D., secretary, 194 N. El Molino, Pasadena.

**ANESTHESIA SECTION** of **LOS ANGELES COUNTY MEDICAL ASSOCIATION** 6th Annual Spring Postgraduate Meeting. March 11 and 12, Statler Hilton Hotel, Los Angeles. *Contact*: Thomas W. McIntosh, M.D., 686 East Union Street, Pasadena.

**COLLEGE OF MEDICAL EVANGELISTS** Annual Alumni Postgraduate Convention. Scientific Assembly, Ambassador Hotel, March 14, 15 and 16. *Contact*: F. Harriman Jones, M.D., general chairman, College of Medical Evangelists, 316 North Bailey Street, Los Angeles 33.

## SPRING AND SUMMER MEETINGS

**INDUSTRIAL MEDICAL ASSOCIATION.** Biltmore Hotel, Los Angeles, April 11 through 13. *Contact:* Leonard Arling, M.D., secretary, The Northwest Industrial Clinic, 3101 University Avenue, S.E., Minneapolis 14.

**CALIFORNIA MEDICAL ASSOCIATION Annual Meeting,** Ambassador Hotel, Los Angeles. April 30 through May 3. *Contact:* John Hunton, executive secretary, 693 Sutter Street, San Francisco 2; or Ed Clancy, director of public relations, 2975 Wilshire Blvd., Los Angeles 5.

**PACIFIC COAST OTO-OPHTHALMOLOGICAL SOCIETY ANNUAL MEETING.** April 30-May 4, Riviera Hotel, Palm Springs. *Contact:* Al Miller, M.D., Secretary, 500 South Lucas Ave., Los Angeles 17.

**HAWAII MEDICAL ASSOCIATION ANNUAL MEETING.** May 4-7. Honolulu, Hawaii. *Contact:* Lee McCaslin, Executive Secretary, 510 So. Beretania, Honolulu 13.

**AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS** (for members and invited guests). May 10-12. Del Monte Lodge, Pebble Beach. *Contact:* William J. Engel, M.D., Secretary-Treasurer, Cleveland Clinic, 2020 E. 93rd St., Cleveland 6, Ohio.

**MEDICAL STAFF OF CHILDREN'S HOSPITAL OF THE EAST** Bay Ninth Annual Clifford Sweet Seminar. May 18, 19

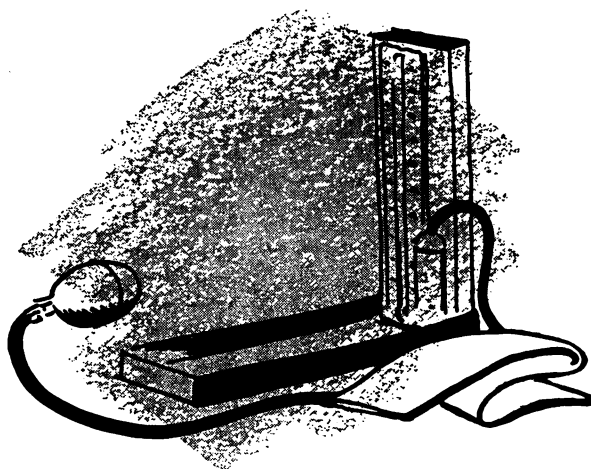
and 20. Hotel Claremont, Berkeley, and Children's Hospital of the East Bay. *Contact:* Seymour J. Harris, M.D., chairman, Lectureship Committee, 401 29th Street, Oakland 9.

**AMERICAN ORTHOPAEDIC ASSOCIATION** (members and guests). May 22-25. The Ahwahnee Hotel, Yosemite. *Contact:* Lee Ramsay Straub, M.D., Secretary, 535 E. 70th St., New York 21.

**AMERICAN UROLOGICAL ASSOCIATION, INC.** May 22-25. Biltmore Hotel, Los Angeles. *Contact:* Mr. William P. Didusch, Executive Secretary, 1120 N. Charles St., Baltimore 1.

**MEMORIAL HOSPITAL OF LONG BEACH, Third Annual Medical Staff Symposium.** May 24. New Memorial Hospital, 2801 Atlantic Ave., Long Beach 6. *Contact:* George X. Trimble, M.D., secretary, Memorial Hospital of Long Beach.

**WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIATION Annual Meeting** (joint with U. S.-Mexico Border Public Health Association). June 26 through 29. El Cortez Hotel, San Diego. *Contact:* Robert E. Mytinger, M.P.H., director, Executive Office Western Branch, APHA, 693 Sutter Street, San Francisco 2.





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TABLET SIZE

A NEW THERAPEUTIC ENTITY FOR DIARRHEA

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SELECTIVELY LOWERS PROPULSIVE MOTILITY

LOMOTIL represents a major advance over the opium derivatives in controlling the propulsive hypermotility occurring in diarrhea.

Precise quantitative pharmacologic studies demonstrate that Lomotil controls intestinal propulsion in approximately  $\frac{1}{41}$  the dosage of morphine and  $\frac{1}{20}$  the dosage of atropine and that therapeutic doses of Lomotil produce few or none of the diffuse untoward effects of these agents.

Clinical experience in 1,314 patients amply supports these findings. Even in such a severe test of antidiarrheal effectiveness as the colonic hyperactivity in patients with colectomy, Lomotil is effective in significantly slowing the fecal stream.

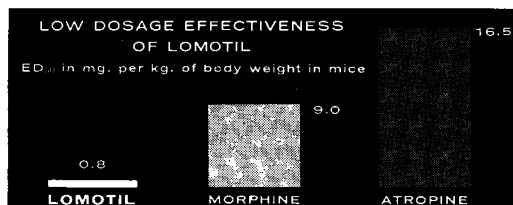
Whenever a paregoric-like action is indicated, Lomotil now offers positive antidiarrheal control ... with safety and greater convenience. In addition,

as a nonrefillable prescription product, Lomotil offers the physician full control of his patients' medication.

**PRECAUTION:** Lomotil should be used with considerable caution in patients having liver disease and those receiving drugs with a definite addiction potential. It is recommended that patients receiving a combination of barbiturates and Lomotil be observed closely for evidence of barbiturate toxicity and/or potentiation.

Recommended dosages should not be exceeded.

**DOSAGE:** The recommended initial dosage for adults is two tablets (5 mg.) three or four times daily, reduced to meet the requirements of each patient as soon as the diarrhea is controlled. Maintenance dosage may be as low as two tablets daily. Lomotil, brand of diphenoxylate hydrochloride with atropine sulfate, is supplied as unscored, uncoated white tablets of 2.5 mg., each containing 0.025 mg. ( $\frac{1}{2400}$  gr.) of atropine sulfate to discourage deliberate overdosage.



EFFICACY AND SAFETY of Lomotil are indicated by its low median effective dose. As measured by inhibition of charcoal propulsion in mice, Lomotil was effective in about  $\frac{1}{41}$  the dosage of morphine hydrochloride and in about  $\frac{1}{20}$  the dosage of atropine sulfate.

Subject to Federal Narcotic Law.

Descriptive literature and directions for use available in Physicians' New Product Brochure No. 81 from

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*Research in the Service of Medicine*

# Diet or Drugs?

*In the long term control of serum cholesterol, dietary therapy can achieve the objective in the manner most closely approximating physiological norm.*

The long term control of elevated serum cholesterol through changes in the dietary pattern of the patient puts nature's own process to work most effectively to achieve the objectives of treatment. Here are the beneficial features of dietary therapy:

Offers a solution to the related problems of obesity.

Involves little or no added expense to the patient.

May be used with complete safety.

Produces no adverse side effects.

Preferable for the long-term management of a chronic condition.

Brings about reduction of serum cholesterol through physiological processes, as yet not fully understood.

Does not usually generate new compounds in the blood, thus helping the doctor make a more accurate analysis of blood serum cholesterol.

Elevated serum cholesterol has now been linked to an imbalance in the ratio of the type of fat in the diet. Reductions in cholesterol levels have been achieved repeatedly, both in medical research and practice, through the control of total calories and through the replacement of

an appreciable percentage of saturated fat by poly-unsaturated vegetable oil.

An important measure in achieving replacement is the consistent use of poly-unsaturated pure vegetable oil in food preparation in place of saturated fat.

Free Wesson recipes for delicious main dishes, desserts and salad dressings are available

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*Poly-unsaturated Wesson is unsurpassed by any readily available brand, where a vegetable (salad) oil is medically recommended for a cholesterol depressant regimen.*



## *Wesson is poly-unsaturated . . . never hydrogenated*

More acceptable to patients, Wesson is preferred for its supreme delicacy of flavor, increasing the palatability of food without adding flavor of its own.

Uniformity you can depend on. Wesson has a poly-unsaturated content better than 50%. Only the lightest cottonseed oils of high iodine number are selected for Wesson, and no significant variations are permitted in the 22 exacting specifications required before bottling.

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### WESSON'S IMPORTANT CONSTITUENTS

Wesson is 100% cottonseed oil . . . winterized and of selected quality

Linoleic acid glycerides (poly-unsaturated)	50-55%
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Phytosterol (Predominantly beta sitosterol)	0.3-0.5%
Total tocopherols	0.09-0.12%

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# Lifts depression...



**You see an improvement within a few days**  
Thanks to your prompt treatment and the smooth action of Deprol, her depression is relieved and her anxiety and tension calmed — *often in a few days*. She eats well, sleeps well and soon returns to her normal activities.



# as it calms anxiety!

Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

**Balances the mood**—no “seesaw” effect of amphetamine-barbiturates and energizers. While amphetamines and energizers may stimulate the patient—they often aggravate anxiety and tension.

And although amphetamine-barbiturate combinations may counteract excessive stimulation—they often deepen depression.

In contrast to such “seesaw” effects, Deprol’s smooth, *balanced* action lifts depression as it calms anxiety—both at the same time.

**Acts swiftly**—the patient often feels better, sleeps better, within a few days. Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly—often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

**Acts safely**—no danger of liver damage. Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function—frequently reported with other antidepressant drugs.

**Bibliography** (13 clinical studies, 858 patients): 1. Alexander, L. (35 patients): Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958. 2. Bateman, J. C. and Carlton, H. N. (50 patients): Meprobamate and benactyzine hydrochloride (Deprol) as adjunctive therapy for patients with advanced cancer. Antibiotic Med. & Clin. Therapy 6:648, Nov. 1959. 3. Beerman, H. M. (44 patients): The treatment of depression with meprobamate and benactyzine hydrochloride. Western Med. 7:10, March 1960. 4. Bell, J. L., Tauber, H., Santy, A. and Pulito, F. (77 patients): Treatment of depressive states in office practice. Dis. Nerv. System 20:263, June 1959. 5. Breitner, C. (31 patients): On mental depressions. Dis. Nerv. System 20:142, (Section Two), May 1959. 6. Gordon, P. E. (50 patients): Deprol in the treatment of depression. Dis. Nerv. System 21:215, April 1960. 7. Landman, M. E. (50 patients): Clinical trial of a new antidepressive agent. J. M. Soc. New Jersey. In press, 1960. 8. McClure, C. W., Papas, P. N., Speare, G. S., Palmer, E., Slattery, J. J., Konefal, S. H., Henken, B. S., Wood, C. A. and Ceresia, G. B. (128 patients): Treatment of depression—New technics and therapy. Am. Pract. & Digest Treat. 10:1525, Sept. 1959. 9. Pennington, V. M. (135 patients): Meprobamate-benactyzine (Deprol) in the treatment of chronic brain syndrome, schizophrenia and senility. J. Am. Geriatrics Soc. 7:656, Aug. 1959. 10. Rickels, K. and Ewing, J. H. (35 patients): Deprol in depressive conditions. Dis. Nerv. System 20:364, (Section One), Aug. 1959. 11. Ruchwarger, A. (87 patients): Use of Deprol (meprobamate combined with benactyzine hydrochloride) in the office treatment of depression. M. Ann. District of Columbia 28:438, Aug. 1959. 12. Settel, E. (52 patients): Treatment of depression in the elderly with a meprobamate-benactyzine hydrochloride combination. Antibiotic Med. & Clin. Therapy 7:28, Jan. 1960. 13. Splitter, S. R. (84 patients): Treatment of the anxious patient in general practice. J. Clin. & Exper. Psychopath. In press, April-June 1960.

**Dosage:** Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

**Composition:** 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.  
**Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

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for properly  
balanced  
Electrolyte  
Therapy  
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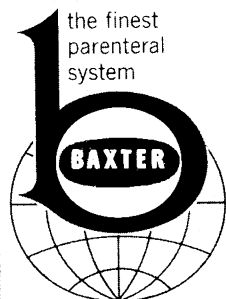
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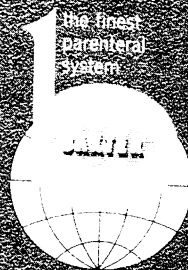
ISOLYTE contains in each 100 ml.:  
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Potassium Chloride U.S.P. 0.075  
Gm.; Sodium Citrate U.S.P. 0.075  
Gm.; Calcium Chloride U.S.P.  
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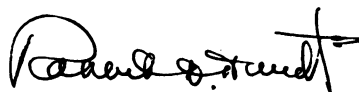
# Armour Pharmaceutical Company extends its thanks to the profession

In the several months since the introduction of our new enteric-protected anti-inflammatory enzyme tablet, Chymoral, we have received some very encouraging comments from the profession regarding its clinical success in the enzymatic management of inflammatory processes. We would like to extend our thanks to those who have already used and commented on Chymoral. Since we are deeply interested in extending our knowledge of the therapeutic range of this new product, we will welcome any further comments you may want to make. To those who have not yet used Chymoral, we extend an offer to give it a therapeutic trial.

The therapeutic and prophylactic effects of Chymoral include anti-inflammatory, antiedematous and mucolytic activities.<sup>1-6</sup> It liquefies thick secretions in

bronchitis and in asthma with bronchitis; eases the racking cough of emphysema and increases elimination of bronchial secretion; cuts healing time in accidental or surgical trauma; is a useful adjunctive therapy in inflammatory dermatoses; encourages healing in gynecologic conditions; reduces pain and swelling and thus promotes faster healing in urologic conditions; and reduces the extent of inflammatory changes in ophthalmic and otorhinolaryngic conditions.\*

We are very pleased indeed that the product has found a useful place in the range of therapeutic tools available to the doctor for management of the inflammatory process. Armour feels that enzymes are a new and exciting development in anti-inflammatory therapy; one which may well carry chemotherapeutics forward a long step.



Robert A. Hardt  
President

1. Beck, C.; Levine, A. J.; Davis, O. F., and Horwitz, B.: Clinical Studies with an Oral Anti-inflammatory Enzyme Preparation. Clin. Med. 7:519, 1960. 2. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S.: Clinical Experience with an Oral Anti-inflammatory Enzyme for Intestinal Absorption. Southwestern Med. 41:286, 1960. 3. Teitel, L. H.; Seigel, S. J.; Tendler, J.; Reiser, P., and Harris, S. B.: Clinical Observations with Chymotrypsin in 306 Patients. Indust. Med. & Surg. 29:150, 1960. 4. Clinical Reports to the Medical Dept., Armour Pharmaceutical Company, 1959. 5. Reich, W. J., and Nechtow, M. J.: Scientific Exhibit, Chicago Medical Society (March) 1960. 6. Taub, S. J.: Paper presented Annual Meeting Pi Lambda Kappa Medical Fraternity, Miami, Florida (March) 1960.

\*Initial dosage is 2 tablets q.i.d. Maintenance, 1 tablet q.i.d.



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*Armour Means Protection*

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# Fostex<sup>®</sup> treats their ● ● ● ● ● acne ● while they wash



## degreases the skin

completely emulsifies and washes off excess oil from the skin.

## helps remove blackheads

penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs.

## dries and peels the skin

removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic<sup>®</sup>,\* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions...enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

\*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

*Fostex is available in two forms—*



**FOSTEX CREAM**, in 4.5 oz. jars.

**FOSTEX CAKE**, in bar form.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

*Write for samples.*

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*to  
prevent  
colonic  
peristalsis*

*without  
whipping the  
bowel*

# DORBANE



# DORBANTYL



# DORBANTYL FORTE



The active principle of Dorbane reaches the colon through the circulation. It acts directly and selectively upon the intrinsic plexus of the colon. The small bowel is not affected. Within 6 to 12 hours evacuation occurs without cramping or griping. Non-habituating. Each scored tablet of Dorbane contains 75 mg., and each teaspoonful of orange-flavored liquid contains 37.5 mg. of 1,8 dihydroxyanthraquinone. Suitable for patients of all ages.

Dorbantyl combines the colonic stimulant action of Dorbane (25 mg.) with the stool-softening effect of dioctyl sodium sulfosuccinate (50 mg.), an inert and safe surface-wetting agent, in each orange-and-black capsule or teaspoonful of orange-pineapple-flavored suspension.

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Tracing demonstrates obstructed air flow as a consequence of acute, severe nasal congestion.



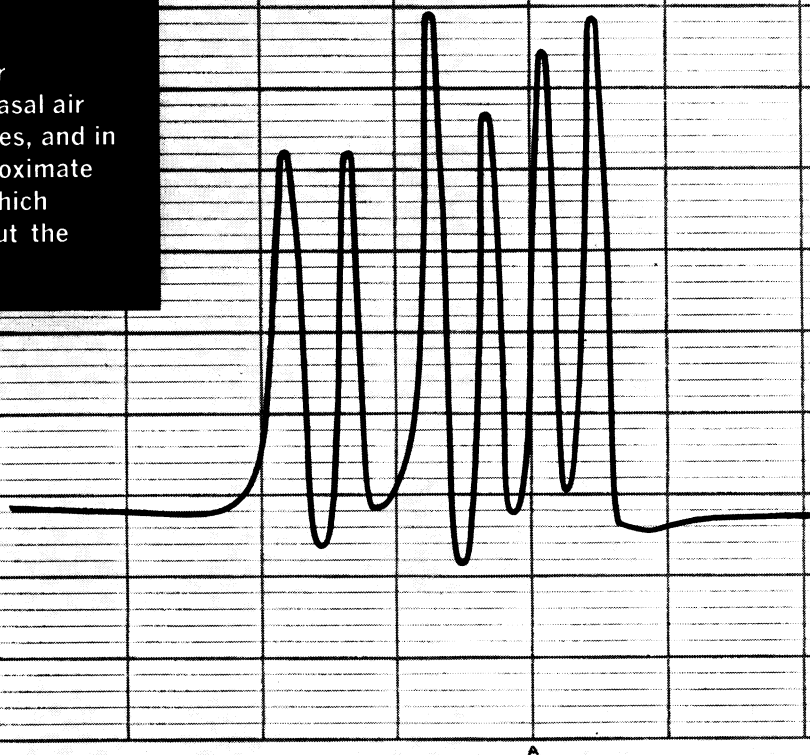
# URSINUS<sup>®</sup>



Photo shows use of electronic rhinograph, a new technique to measure air flow and response to decongestant therapy, using same subject as control.

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Same subject 30 minutes after ingesting 2 Ursinus tablets: nasal air flow improved four to five times, and in 40 minutes there was an approximate ten-fold increase in air flow, which remained constant throughout the experiment (2 hours).



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As an oral decongestant with antiallergic and antiinflammatory action, URSINUS shrinks edematous-congested turbinates, opens obstructed ostia, re-establishes sinus drainage and nasal patency. Pain, produced by pressure from retained sinus secretions and engorged turbinates, is promptly and effectively relieved over a prolonged period of time.

Each URSINUS Inlay-Tab contains: phenylpropanolamine HCl, 25 mg.; pheniramine maleate, 12.5 mg.; pyrilamine maleate 12.5 mg.; Calurin® (calcium acetylsalicylate carbamide, equiv. to aspirin 300 mg.) Dose: 1 or 2 tablets every 4 to 6 hours. Supplied in bottles of 100 URSINUS tablets.



this hypertensive  
patient prefers  
Singoserp...  
and so does  
his physician

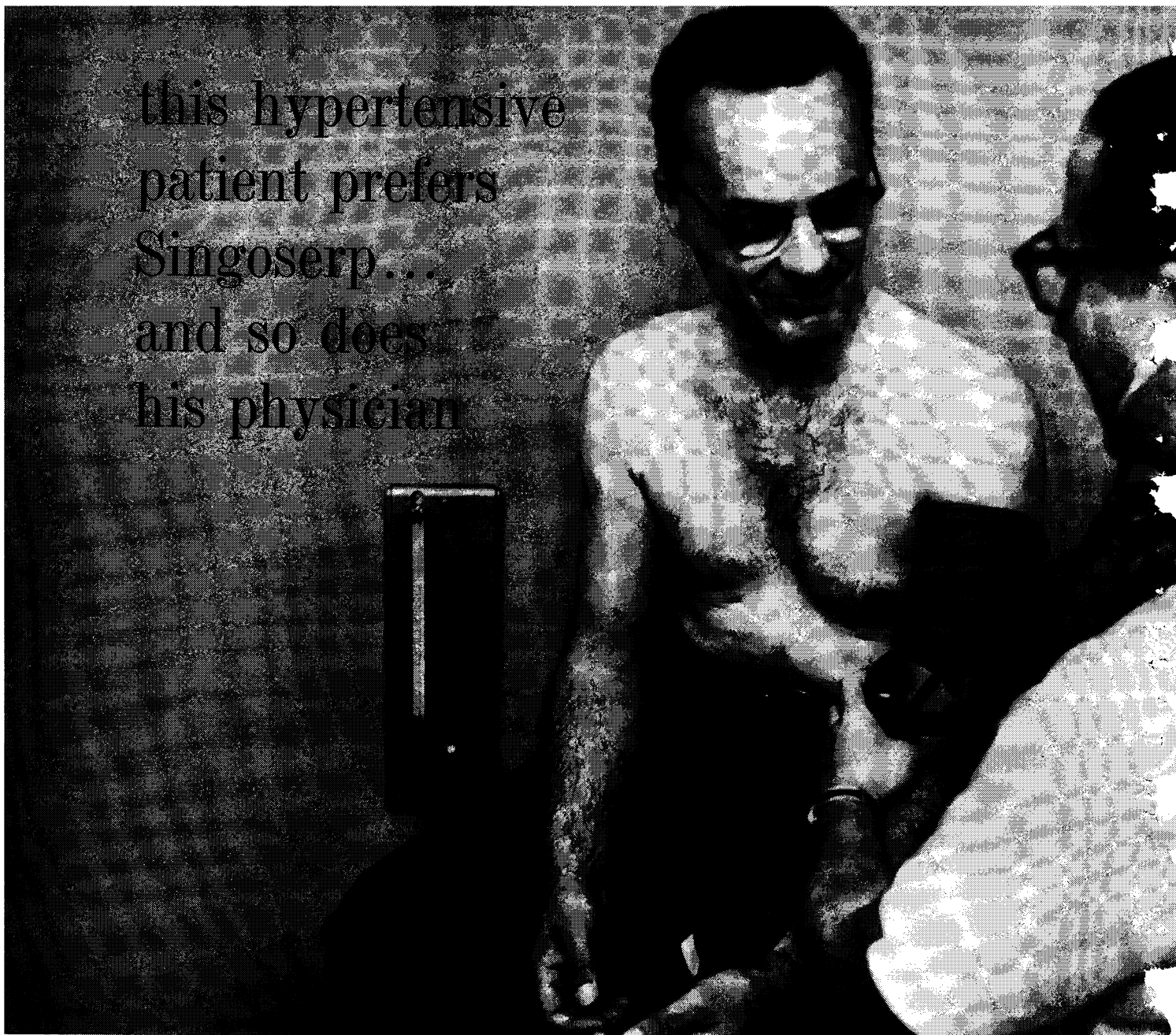


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**Patient's comment:** "The other drug [whole root rauwolfia] made me feel lazy. I just didn't feel in the mood to make my calls. My nose used to get stuffed up, too. This new pill [Singoserp] doesn't give me any trouble at all."

**Clinician's report:** J. M., a salesman, had a 16-year history of hypertension. Blood pressure at first examination was 190/100 mm. Hg. Whole root rauwolfia lowered pressure to 140/80 — but side effects were intolerable. Singoserp, 0.5 mg. daily, further reduced pressure to 130/80 and eliminated all drug symptoms.

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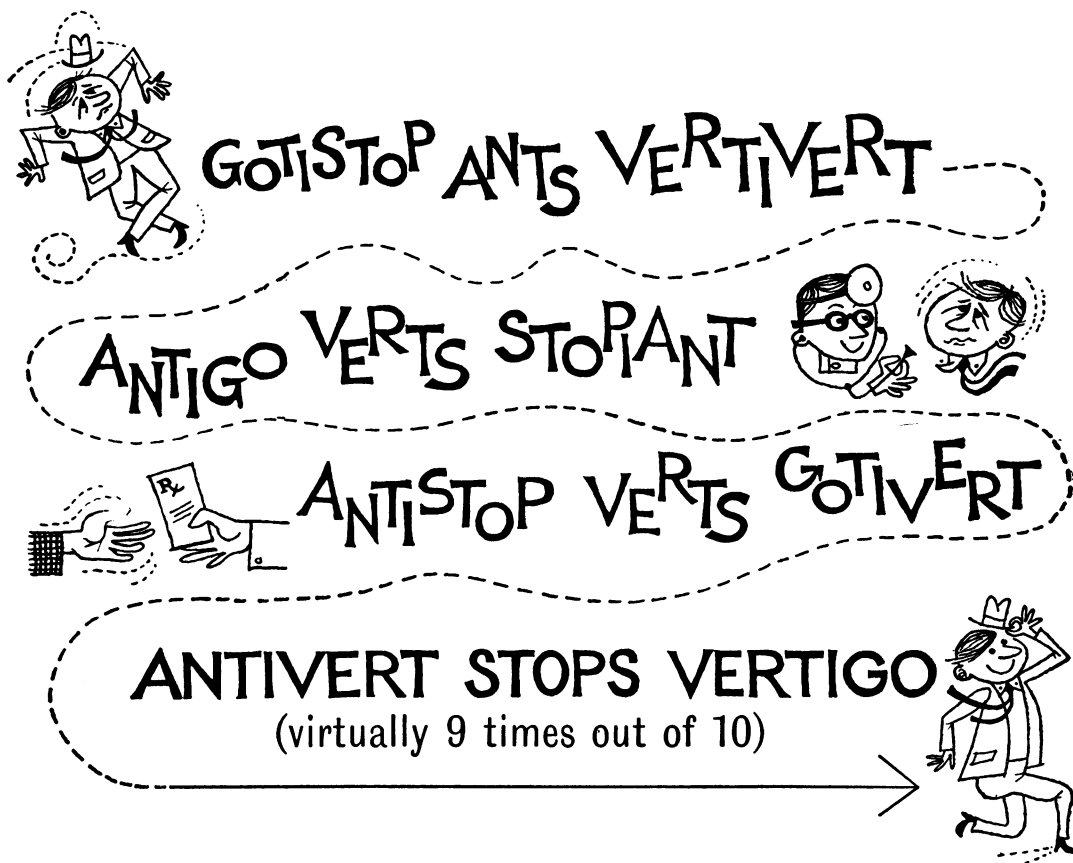
Many hypertensive patients and their physicians  
prefer Singoserp<sup>®</sup> because it usually lowers  
blood pressure without rauwolfia side effects

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SUPPLIED: Singoserp Tablets, 1 mg. (white, scored). Also available: Singoserp<sup>®</sup>-Esidrix<sup>®</sup> Tablets #2 (white), each containing 1 mg. Singoserp and 25 mg. Esidrix; Singoserp<sup>®</sup>-Esidrix<sup>®</sup> Tablets #1 (white), each containing 0.5 mg. Singoserp and 25 mg. Esidrix. Complete information sent on request.  
Singoserp<sup>®</sup> (syrosingopine CIBA) Singoserp<sup>®</sup>-Esidrix<sup>®</sup> (syrosingopine and hydrochlorothiazide CIBA)

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Remission in 82%; relief in 92%. So reports an investigator who recently studied ANTIVERT in dizziness.<sup>1</sup> After studying 50 patients, Scal concluded that "Those with Meniere's syndrome who were given the preparation [ANTIVERT] in the early stages of this condition, reported prompt improvement in the relief of dizziness, headaches and tinnitus."<sup>1</sup>

ANTIVERT combines meclizine (12.5 mg.) with nicotinic acid (50 mg.). Prescribe one ANTIVERT tablet before each meal for relief of Meniere's syndrome, arteriosclerotic vertigo, labyrinthitis, and vertigo of nonspecific origin.

Supplied: In bottles of 100 blue-and-white scored tablets. Prescription only.

Reference: 1. Scal, J. C.: Eye Ear Nose & Throat Month. 38:738 (Sept.) 1959.

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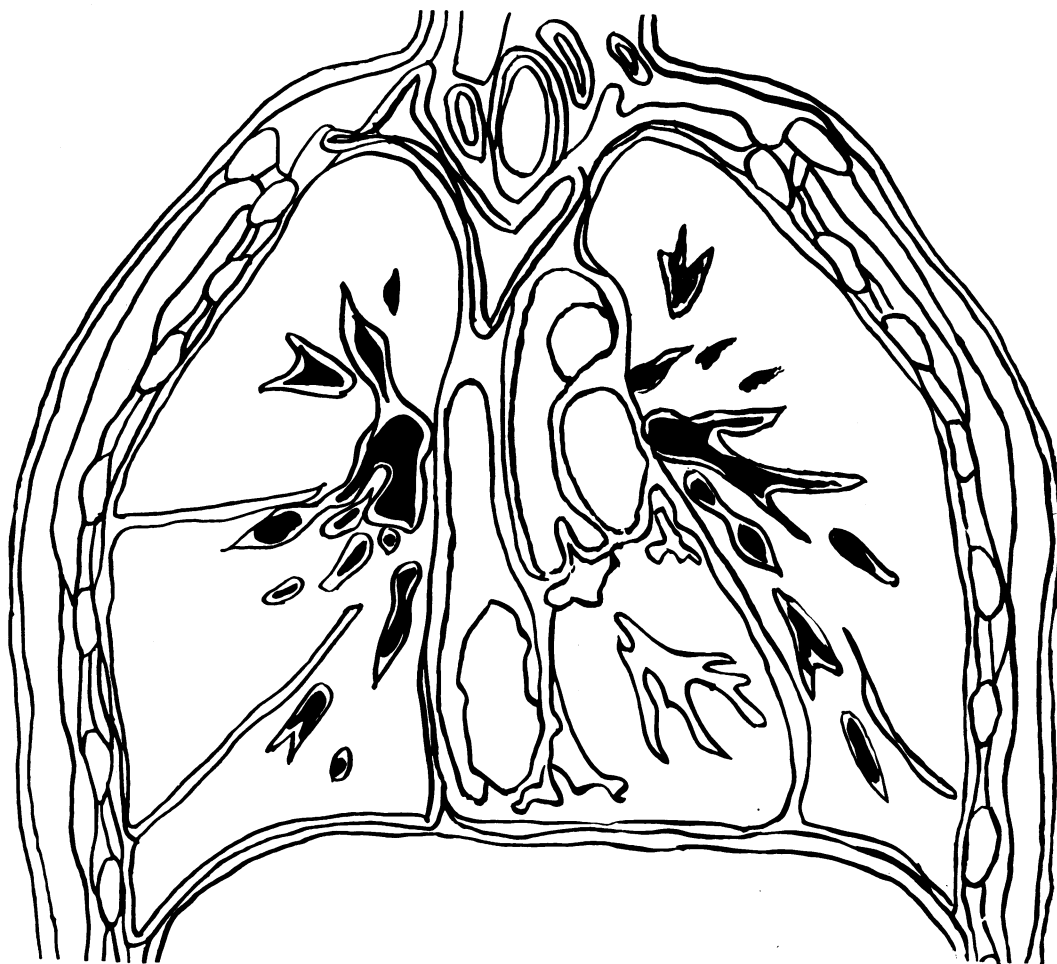
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Science for the World's Well-Being™

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The Original Tetracycline Phosphate Complex U. S. PAT. NO. 2,791,609

effective control of pathogens...with an unsurpassed record of safety and tolerance



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**SUPPLY:** TETREX Capsules—tetracycline phosphate complex—each equivalent to 250 mg. tetracycline HCl activity. Bottles of 16 and 100.

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## reduces the problems of reducing

Through the potent appetite-suppressant action of Preludin, the success of anti-obesity treatment becomes more assured—adherence to diet becomes easier—discomfort from side reactions is unlikely.

**In Simple Obesity** Preludin produces 2 to 5 times the weight loss achievable by dietary instruction alone.<sup>1,2</sup>

**In Pregnancy** Weight gain is kept within bounds, without danger to either mother or fetus.<sup>3</sup>

**In Diabetes** Insulin requirements are not increased; they may even decrease as weight is lost.<sup>4</sup>

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Patients taking Preludin usually experience a mild elevation of mood conducive to an optimistic and cooperative attitude, thereby counteracting the lassitude otherwise resulting from a reduced caloric intake. Thus, consistent weight loss over a prolonged period becomes more assured.

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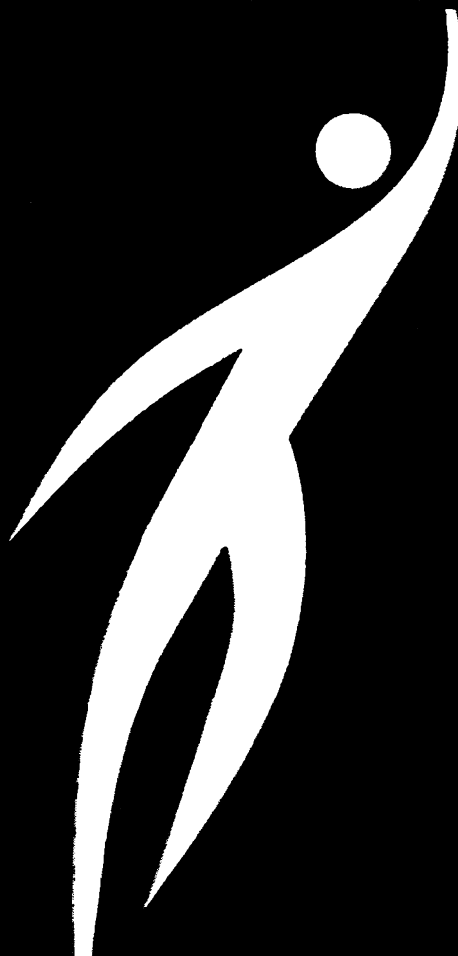
**References:**

- (1) Barnes, R. H.: J. A. M. A. 166:898, 1958.
- (2) Ressler, C.: J. A. M. A. 165:135, 1957.
- (3) Birnberg, C. H., and Abitbol, M. M.: Obst. & Gynec. 11:463, 1958. (4) Robillard, R.: Canad. M. A. J. 76:938, 1957.

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# Geigy



New Freedom From  
**MENORRHALGIA**

Premenstrual Tension — Dysmenorrhea



Lowering the tide of premenstrual edema is not the only phase of the menorrhagic complex to be overcome. There is the possible allergic reaction of the patient to her own ovarian hormones—the resulting vascular congestion of the pelvic organs, and, finally, the pain frequently encountered with the oncoming flow.

Successful *non-hormonal* therapeutic management of premenstrual tension has been accomplished by the development of PAMPRIN\* which has proved clinically effective in preventing and controlling organic and psychogenic symptoms such as anxiety, edema, breast engorgement, fatigue, irritability, lumbar pain, low abdominal pain, moodiness, etc., which so often accompany premenstrual tension. In addition, PAMPRIN is effective in relieving dysmenorrhea.

Clinical studies indicate that certain active ingredients <sup>1, 2, 3, 4</sup> of PAMPRIN fortified with the analgesics, acetophenetidin and salicylamide, produce effective relief of the entire spectrum of symptoms with minimal side effects. It exerts adequate diuresis by virtue of the component pamabrom (2-amino-2-methyl-1-propanol 8-bromotheophyllinate). It does not dehydrate below the normal water balance but produces a desirable sodium excretion with a clinically inconsequential loss of potassium. The antihistaminic compound, pyrilamine maleate, is present in a therapeutically correct ratio to the diuretic principle to alleviate auto-hormonal allergy.

\*PAMPRIN, active ingredients: Pamabrom 25 mg., Acetophenetidin 125 mg., Salicylamide 250 mg., Pylamine Maleate 12.5 mg.

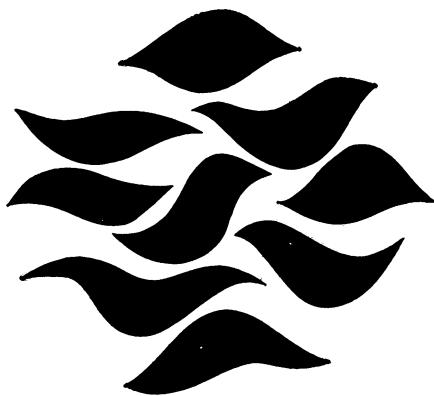
Dosage for premenstrual tension: 2 tablets q.i.d. at the onset of symptoms. For dysmenorrhea: 2 tablets q.i.d.

1. Bickers, W. M., M.D.; So. Med. Jour., Vol. 46, No. 9, pp. 873-878, Sept., 1953. 2. McGavack, T. H., M.D., Spoor, H. J., M.D., Stone, M. L., M.D., Pearson, S., Ph.D.; Amer. Jour. Obst. & Gyn., Vol. 72, No. 2, pp. 416-422, Aug., 1956. 3. McGavack, T. H., M.D., Spoor, H. J., M.D., Stone, M. L., M.D.; N.Y. State Jour. of Med., Vol. 56, No. 18, pp. 2846-2849, Sept. 15, 1956. 4. Kelly, A. J., M.D.; Jour. Med. Assn. Ga., Vol. 49, No. 5, pp. 243-244, May, 1960.

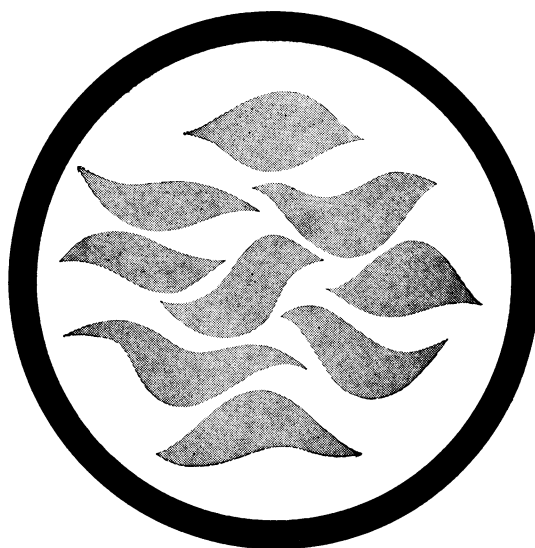
# Pamprin<sup>TM</sup>

Diuretic — Antihistaminic — Analgetic  
 Samples available to profession on request

CHATTEM LABORATORIES, CHATTANOOGA 9, TENNESSEE



in nine years Novahistine hasn't cured a single cold...but it has been prescribed  
for relief of symptoms  
in over 10,000,000 patients\*



Novahistine LP tablets begin releasing medication promptly and continue bringing relief for 8 to 12 hours. Two Novahistine LP tablets in the morning and two in the evening will effectively control the average patient's discomfort from a cold. Each tablet contains 25 mg. phenylephrine HCl and 4 mg. chlorpheniramine maleate.

\*Based on National Prescription Audits of new Novahistine prescriptions since 1952.



PITMAN-MOORE COMPANY DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

**Novahistine<sup>®</sup> LP**  
LONG ACTING

# California MEDICINE

## CLASSIFIED ADVERTISEMENTS

Rates for these insertions are \$5 for fifty words or less; additional words 6 cents each

Copy for classified advertisements should be received not later than the tenth of the month preceding issue. • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers.

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### CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

#### PHYSICIANS WANTED

INTERNIST needed in Rancho Santa Fe, San Diego County. This is a country estate comm. which is largely inhabited by the retired. Space available in attractive bungalow; ideal location for semi-retirement. Further information available upon request. J. Bovee, D.D.S., Box 1247, Rancho Santa Fe, Calif. PLaza 6-1157.

WANTED: GENERALISTS AND SPECIALISTS. California licensed for clinics, associations and partnerships. We cover all areas of the State. Hospital facilities and housing checked for you. Information gladly. CONTINENTAL-PACIFIC COAST MEDICAL BUREAU, Agency, 430 North Camden Drive, Beverly Hills, California, or 703 Market St., San Francisco.

CERTIFIED OR BOARD ELIGIBLE ORTHOPEDIST for Los Angeles area group. \$22,000 per year. California licensed. M. Fosburg, Suite 1403, 650 S. Grand, Los Angeles 17, California.

INTERNIST. Active non-tuberculous chest and medical ward. Excellent teaching program, library and research facilities. Salary from \$10,635, depending on qualifications. Group life and health insurance; retirement benefits. Affiliated with three medical schools. Ideal for recent medical resident working toward Medical Boards. Write Director, Professional Services, VA Hospital, Long Beach, California.

ACCREDITED RESIDENCY—Internal Medicine—July 1st, 1961 appointments Eligible for California Licensure. CLINICAL AND/OR RESEARCH FELLOWSHIPS—\$4,800-\$5,400 per annum, available July 1st and January 1st, Cardiology, Chest Diseases and Hematology, minimum pre-requisite two years residency in Internal Medicine, eligible California licensure. Write Dr. Ernest Beutler, M.D., Chairman, Department of Medicine, City of Hope Medical Center, Duarte, California.

OBSTETRICIAN-GYNECOLOGIST, under 40, certified or eligible, three-man team, generous salary, potential partnership. GENERAL PRACTITIONER, with desire to work with Psychiatric Group, high remuneration. ORTHOPEDISTS, to age 35, excellent Peninsula affiliation, also southern California and San Francisco Bay area. UROLOGIST, Bay area association. INTERNIST and OTOLARYNGOLOGISTS, young, Board eligible for outstanding groups Southern California and Valley. CLINICAL RESEARCH—GENERAL PRACTITIONERS, exceptional opportunities throughout California. Norma Rohl, THE MEDICAL CENTER AGENCY, FLOOD BUILDING, Suite 410-414, 870 Market Street, San Francisco 2, YU 2-3412.

WANTED—YOUNG INTERNIST, Board Certified or Board Eligible to become associated with group of twelve doctors. Salary of \$1000.00 per month plus automobile allowance, with all other bills paid for by the group. Contact M. R. Karstaedt, Business Manager, P.O. Box 7, Visalia, California.

PHYSICIAN interested in arthritis and physical medicine for partnership in Clinic in Southern California health resort town. Some investment required. P.O. Box 308, Desert Hot Springs, Calif.

WANTED: PEDIATRICIAN—Los Angeles 22-man group. Board certified or eligible; earning range \$18,000-\$30,000; younger man preferred. State particulars. Write Medical Director, 10001 Venice Boulevard, Los Angeles 34, California.

INTERNIST (generalist acceptable) FOR LOCUM TENENS from January thru June, possibly longer, to work with congenial group of 15 physicians in S. F. Bay Area (Richmond). Salary according to training and experience. Opportunities for permanent position. Write Med. Dir., Permanente Medical Group, 14th & Cutting Blvd., Richmond.

#### SITUATIONS WANTED

UROLOGIST—Desires association with established, overworked urologist to gain experience leading to partnership. Box 95,495, California Medicine.

BOARD SURGEON, 33, eligible thoracic with extensive vascular and moderate cardiac training. All training in university centers. Desires permanent position, or association with individual or group in community with good family and sailing facilities. Compatible with excellent references. California license. Veteran. Box 95,600, California Medicine.

(Continued on Page 90)

## NEW CLASSIFIED ADVERTISING RATES

*effective*

### JANUARY 1961 ISSUE\*

\$10.00 for the first 50 words or less; 10c for each additional word thereafter.

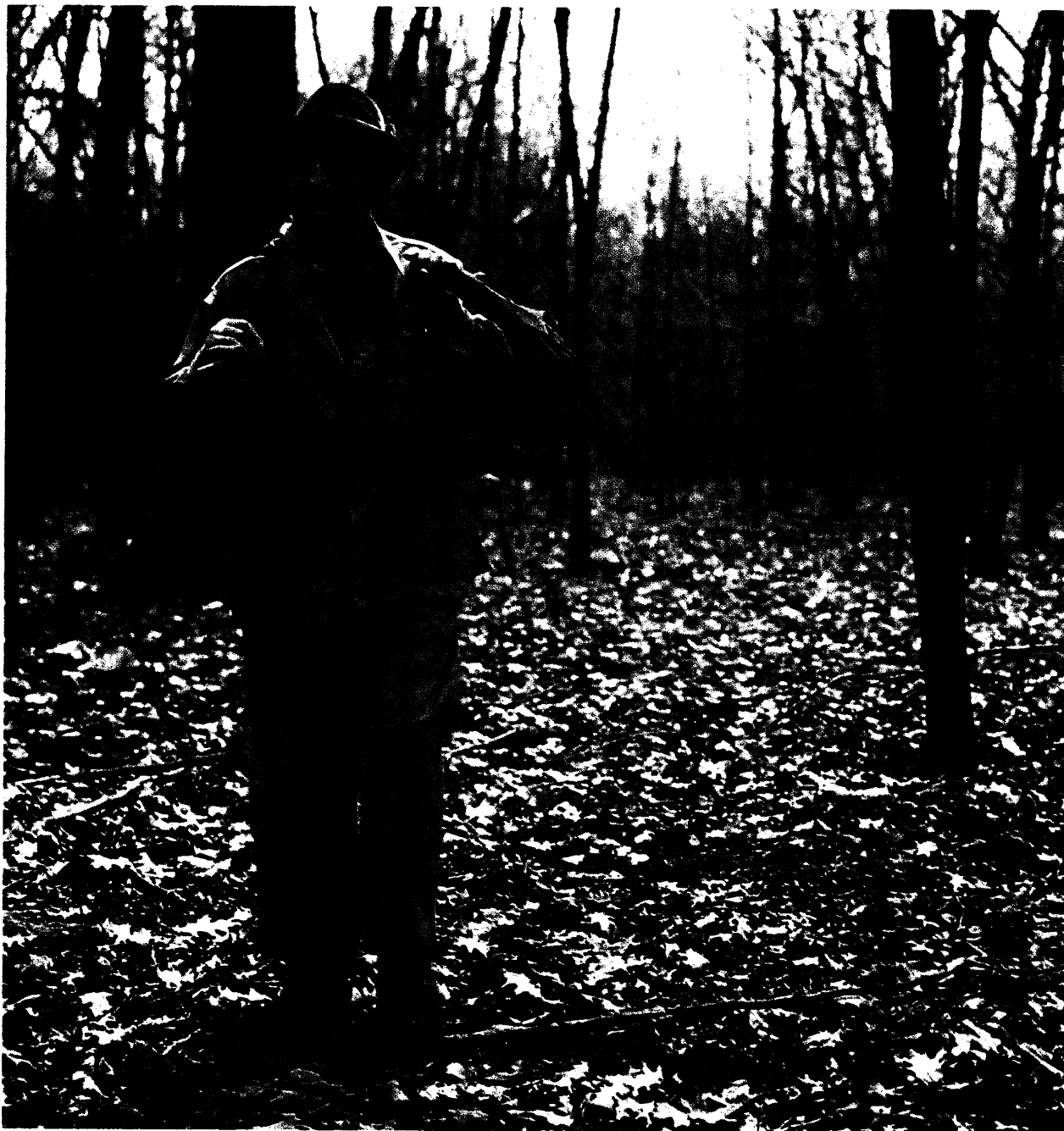
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\*copy already received and paid for will be honored at old rates.

# Geriatric with Gerilets<sup>®</sup>

Geriatric Supportive Formula, Abbott



## A FULL RANGE OF DIETARY AND THERAPEUTIC SUPPORT FOR OLDER PATIENTS

### B-Complex Vitamins

Thiamine Mononitrate.... 5 mg.  
Riboflavin..... 5 mg.  
Pyridoxine Hydrochloride... 1 mg.  
Nicotinamide..... 20 mg.  
Calcium Pantothenate..... 5 mg.

### Oil Soluble Vitamins

Vitamin A... 1.5 mg. (5000 units)  
Vitamin D... 12.5 mcg. (500 units)  
Vitamin E..... 10 Int. units

### Hematopoietic Factors

Vitamin B<sub>12</sub> with Intrinsic Factor Concentrate, 1/2 U.S.P. Unit (oral)  
Ferrous Sulfate, U.S.P.... 75 mg.  
(Elemental Iron—15 mg.)

Folic Acid..... 0.25 mg.

### Capillary Stability

Ascorbic Acid..... 50 mg.  
Quertine<sup>®</sup>..... 12.5 mg.  
(Quercetin, Abbott)

### Lipotropic Factors

Betaine Hydrochloride... 50 mg.  
Inositol..... 50 mg.

### Anti-Depressant

Desoxyn<sup>®</sup>..... 1 mg.  
(Methamphetamine Hydrochloride, Abbott)

### Hormones

Sulestrex..... 0.3 mg.  
(Piperazine Estrone Sulfate, Abbott)  
Methyltestosterone..... 2.5 mg.

FILMTAB—FILM-SEALED TABLETS, ABBOTT U.S. PAT. NO. 2,988,745.

STREAMLINED INTO THE SMALLEST TABLET  OF ITS KIND



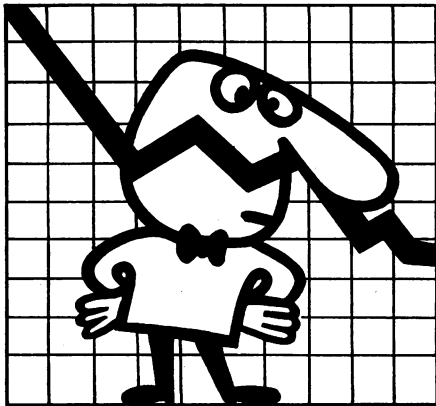


How quietly but surely twilight comes. So it is with Placidyl's gentle non-barbiturate sedation. Placidyl persuades, never insists. Its action is prompt, yet certain as dawn... a dawn unmarred by hangover. To the restive, give the magic of restfulness. Give Placidyl.



© ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS 010051

Placidyl® nudges your patient to sleep  
(Ethchlorvynol, Abbott) .....



A U. S. Senator recently said, "In investigating the pharmaceutical industry, we are investigating and inquiring into an industry that has won and which deserves public approval and confidence... It has been my judgment that the hearings to which I have referred, so far have been prejudiced and distorted." To paraphrase a political saying...

## Let's Look At The Record On Drug Prices

In relation to "real income," drug prices have actually declined in recent years. At prevailing wages in 1929, it took 91 minutes of working time to pay for the average prescription. Only 86 minutes of labor paid for the average prescription in 1958. As one economist put it, "If the retail prices of drugs had risen as much as the consumer price index since 1939, it would cost the consumer at least an additional one billion dollars to buy the drug preparations now consumed." He goes on to compare the \$19.02 per capita drug expenditure in 1958 with the \$37.19 spent on tobacco products and \$53.72 for alcoholic beverages. • When your patients inquire about the cost of medication, perhaps these facts will be helpful in explaining that today's prescription, averaging about \$3.00, is a relatively modest investment in better health and a longer, more productive life.

*This message is brought to you in behalf of the producers of prescription drugs. For additional information, please write Pharmaceutical Manufacturers Association, 1411 K Street, N.W., Washington 5, D.C.*



**NEW** For the  
multi-system disease  
**HYPERTENSION**

# SALUTENSIN

Indicated for the treatment of hypertension.

In each SALUTENSIN Tablet:

**Saluron®** (hydroflumethiazide)—  
a saluretic-antihypertensive ..... 50 mg.

**Reserpine**—a tranquilizing drug with  
peripheral vasorelaxant effects ..... 0.125 mg.

**Proteroveratrine A**—a centrally mediated  
vasorelaxant ..... 0.2 mg.

An integrated multi-therapeutic  
antihypertensive, that combines in balanced pro-  
portions three clinically proven antihypertensives.

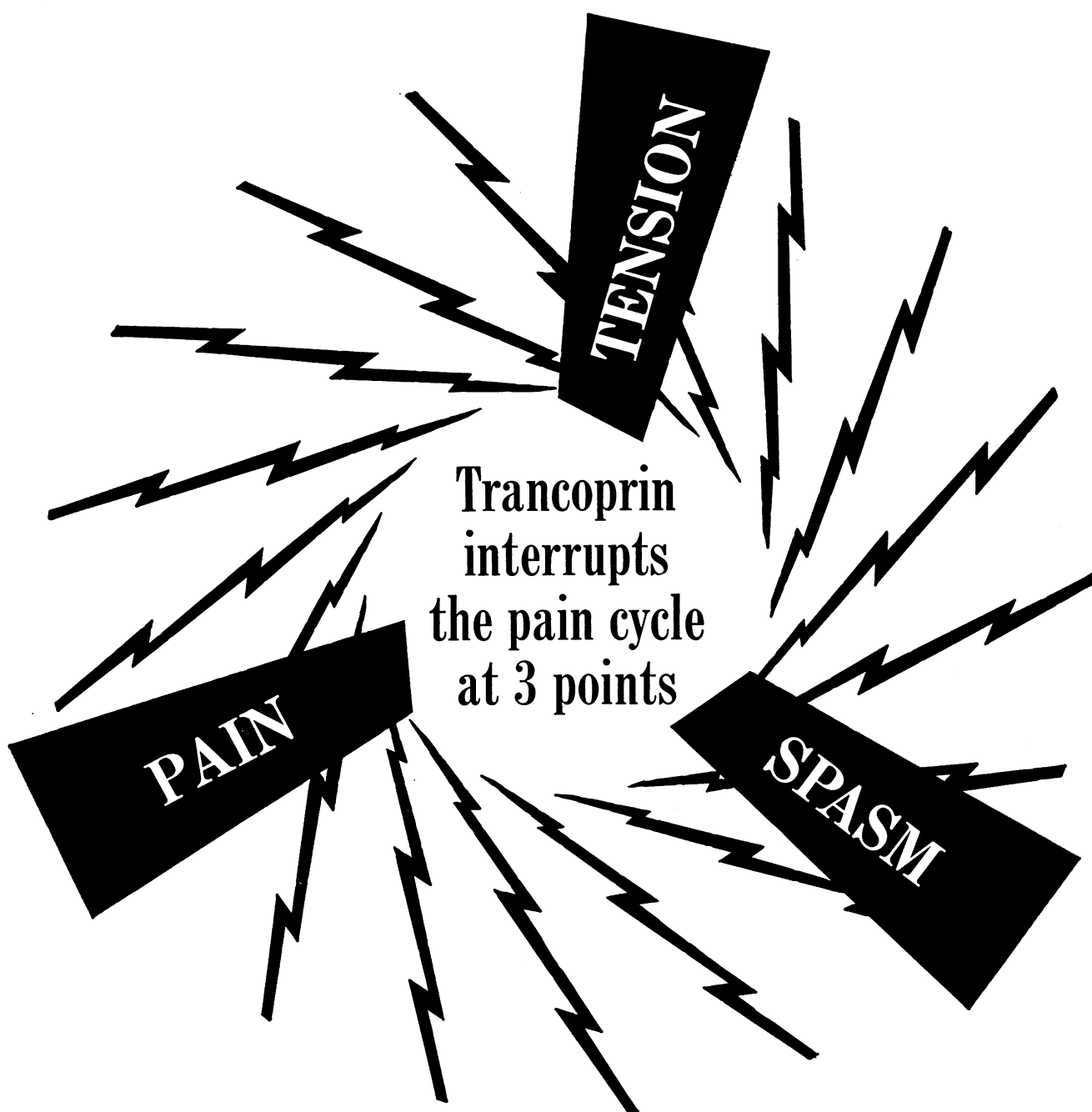
**Comprehensive information on dosage and precautions  
in official package circular or available on request.**

**BRISTOL LABORATORIES • Syracuse, New York**

# Trancoprin<sup>®</sup>

acetylsalicylic acid (300 mg.) and chlormezanone (50 mg.)

## Tablets



# a broad spectrum non-narcotic analgesic

Trancoprin, a new analgesic, not only raises the pain perception threshold but, through its chlormezanone component, also relaxes skeletal muscle spasm<sup>1-6</sup> and quiets the psyche.<sup>2,3-5,7</sup>

The effectiveness of Trancoprin has been demonstrated clinically<sup>8</sup> in a number of patients with a wide variety of painful disorders ranging from headache, dysmenorrhea and lumbago to arthritis and sciatica. In a series of 862 patients,<sup>8</sup> Trancoprin brought excellent or good relief of pain to 88 per cent of the group. In another series,<sup>9</sup> Trancoprin was administered in an industrial dispensary to 61 patients with headache, bursitis, neuritis or arthritis. The excellent results obtained prompted the prediction that Trancoprin "... will prove a valuable and safe drug for the industrial physician."<sup>9</sup>

## Exceptionally Safe

No serious side effects have been encountered with Trancoprin. Of 923 patients treated with Trancoprin, only 22 (2.4 per cent) experienced any side effects.<sup>8,9</sup> In every instance, these reactions, which included temporary gastric distress, weakness or sedation, were mild and easily reversed.

## Indications

Trancoprin is recommended for more comprehensive control of the pain complex (pain → tension → spasm) in those disorders in which tension and spasm are complicating factors, such as: headaches, including tension headaches / premenstrual tension and dysmenorrhea / low back pain, sciatica, lumbago / musculoskeletal pain associated with strains or sprains, myositis, fibrositis, bursitis, trauma, disc syndrome and myalgia / arthritis (rheumatoid or hypertrophic) / torticollis / neuralgia.

## Dosage

The usual adult dosage is 2 Trancoprin tablets three or four times daily. The dosage for children from 5 to 12 years of age is 1 tablet three or four times daily. Trancoprin is so well tolerated that it may be taken on an empty stomach for quickest effect. The relief of symptoms is apparent in from fifteen to thirty minutes after administration and may last up to six hours or longer.

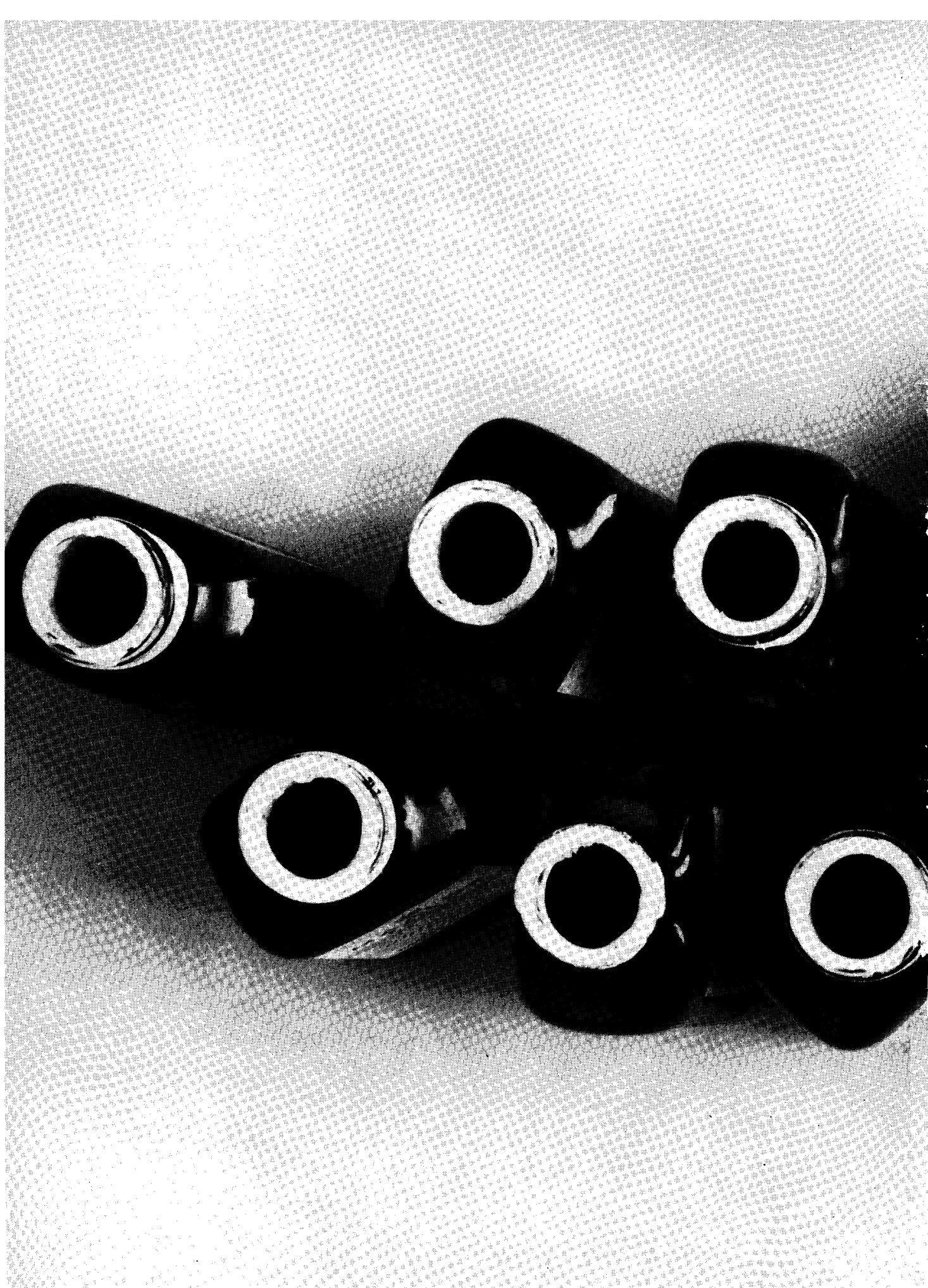
## How Supplied

Each Trancoprin tablet contains 300 mg. (5 grains) of acetylsalicylic acid and 50 mg. of chlormezanone [Trancopal® brand]. Bottles of 100 and 1000.

# Trancoprin Tablets / non-narcotic analgesic

**References:** 1. DeNyse, D. L.: *M. Times* 87:1512, Nov., 1959. 2. Ganz, S. E.: *J. Indiana M. A.* 52:1134, July, 1959. 3. Gruenberg, Friedrich: *Current Therap. Res.* 2:1, Jan., 1960. 4. Kearney, R. D.: *Current Therap. Res.* 2:127, April, 1960. 5. Lichtman, A. L.: *Kentucky Acad. Gen. Pract. J.* 4:28, Oct., 1958. 6. Mullin, W. G., and Epifano, Leonard: *Am. Pract. & Digest Treat.* 10:1743, Oct., 1959. 7. Shanaphy, J. F.: *Current Therap. Res.* 1:59, Oct., 1959. 8. Collective Study, Department of Medical Research, Winthrop Laboratories. 9. Hergesheimer, L. H.: An evaluation of a muscle relaxant (Trancopal) alone and with aspirin (Trancoprin) in an industrial medical practice, to be submitted.

*Winthrop* LABORATORIES, New York 18, N. Y.



# “wearability”



**NO TASTE FATIGUE**  
**EXCELLENT RESULTS**  
**NO CONSTIPATION**

*the most widely prescribed and  
most wearable of all antacids*

suspension

tablets



# Raise the Pain Threshold

WITH **MAXIMUM SAFE ANALGESIA**

*Three Strengths —*

**PHENAPHEN NO. 2**

Phenaphen with Codeine Phosphate ¼ gr. (16.2 mg.)

**PHENAPHEN NO. 3**

Phenaphen with Codeine Phosphate ½ gr. (32.4 mg.)

**PHENAPHEN NO. 4**

Phenaphen with Codeine Phosphate 1 gr. (64.8 mg.)

*Also —*

**PHENAPHEN** In each capsule

Acetylsalicylic Acid 2½ gr. . (162 mg.)

Phenacetin 3 gr. . . . . (194 mg.)

Phenobarbital ¼ gr. . . . . (16.2 mg.)

Hyoscyamine sulfate . . . . . (0.031 mg.)

**PHENAPHEN<sup>®</sup> WITH CODEINE** 

**Robins**

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA

Ethical Pharmaceuticals of Merit since 1878



Recognizing that the exchange of ideas is fundamental to medical progress, Lederle continues its Symposium program with the 10th year of scheduled meetings. Through these Symposia, sponsored by medical organizations with our cooperation, over 50,000 physicians have had the opportunity to hear and question authorities on important advances in clinical medicine and surgery. You have a standing invitation to attend any of these Symposia with your wife, for whom a special program is planned.

## ANOTHER YEAR OF SYMPOSIA . . .

### **PORTLAND, OREGON**

Wednesday, January 11, 1961  
The Sheraton-Portland Hotel

### **MONTGOMERY, ALABAMA**

Friday, January 13, 1961  
The Whitley Hotel

### **MINNEAPOLIS, MINNESOTA**

Monday, January 16, 1961  
The Hotel Leamington

### **LEMONT, ILLINOIS**

Wednesday, January 18, 1961  
The White Fence Farm

### **CINCINNATI, OHIO**

Sunday, January 22, 1961  
The Netherland Hilton Hotel

### **NEW DORP, STATEN IS., N. Y.**

Wednesday, February 15, 1961  
The Tavern-on-the-Green

### **CHARLESTON, SOUTH CAROLINA**

Thursday, February 23, 1961  
The Francis-Marion Hotel

### **ANCHORAGE, ALASKA**

Saturday, February 25, 1961  
The Westward Hotel

### **BAKERSFIELD, CALIFORNIA**

Friday, March 3, 1961  
The Bakersfield Hacienda

### **WILLIAMSBURG, VIRGINIA**

Wednesday, March 8, 1961  
The Williamsburg Lodge

### **ALBUQUERQUE, NEW MEXICO**

Saturday, March 11, 1961  
The Hilton Hotel

### **OMAHA, NEBRASKA**

Thursday, March 16, 1961  
The Sheraton-Fontenelle Hotel

### **PHOENIX, ARIZONA**

Saturday, March 18, 1961  
The Westward Ho Hotel

### **LOUISVILLE, KENTUCKY**

Thursday, March 23, 1961  
The Sheraton-Seelbach Hotel

### **BAY SHORE, LONG ISLAND, NEW YORK**

Wednesday, April 12, 1961  
The LaGrange Inn

### **BUTTE, MONTANA**

Saturday, April 22, 1961  
The Finlen Hotel

### **ITHACA, NEW YORK**

Thursday, April 27, 1961  
The Statler Club

### **ERIE, PENNSYLVANIA**

Wednesday, May 3, 1961  
The Hotel Lawrence

### **SACRAMENTO, CALIFORNIA**

Wednesday, May 10, 1961  
The El Dorado Hotel

### **LOS ANGELES, CALIFORNIA**

Wednesday, June 7, 1961  
The Statler Hotel



**LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.**

## CLASSIFIED ADVERTISEMENTS

(Continued from Page 80)

### SITUATIONS WANTED

**ASSISTANT TO A GENERAL PRACTITIONER** in Southern California. American-trained graduate with post-graduate training in radiology. Have California license. Please contact James W. Fitzgerald, M.D., 703 Acacia Street, Hawthorne, California.

**OBSTETRICIAN-GYNECOLOGIST**; 32; married; board qualified and available June, 1961; military service completed; desires association and/or partnership with individual or group; California license. Contact Wilson J. Rabban, M.D., 1813 Bernard St., Bakersfield, Calif.

**OPHTHALMOLOGIST**, middle fifties, university hospital trained, certified, California licensed, desires association with California physician. Major surgery only in assistant's capacity. Pleasant working conditions more important than size of income. Box 95,660, California Medicine.

**SURGEON**, 35, married, Board Certified, additional experience in peripheral-vascular diseases, desires association with surgeon or group. California license. No military obligation. Box 95,640, California Medicine.

### PRACTICES FOR SALE

**ESTABLISHED GENERAL PRACTICE**, central California; wonderful climate, no smog or freeways. Liberal arrangements, low price for quick sale. Will introduce til December 15th when service calls. Box 95,585, California Medicine.

**VERY ACTIVE GENERAL AND INDUSTRIAL MEDICAL PRACTICE** in a suburb of Los Angeles near ocean and Palos Verdes. Five hospitals within 3 miles from office. Gross \$80,000. Will easily support group of 3 general practitioners or OB, internist and surgeon. Modern, fully-equipped medical building. 2,000 sq. ft. X-ray lab. Parking for 10 cars. Reasonable terms. Box 95,615, California Medicine.

**ELEVEN-YEAR PRACTICE** in exclusive rapidly growing Oakland suburb. Fully equipped office for one or two men, internal medicine or general practice. Will stay to introduce. Box 95,645, California Medicine.

**FOR SALE: GENERAL PRACTICE**, and home with office adjoining. Refrigeration. Desert area, boating, fishing and hunting. Hospital available. \$30,000, terms. Collections should exceed this in one year. Box 95,650, California Medicine.

### OFFICES FOR LEASE, RENT OR SALE

**ESCONDIDO, CALIFORNIA—NEW MEDICAL BUILDING FOR SALE.** Distinctive, Quality-Custom built. Suitable for one or two doctors. Office is well-planned. There are six large rooms, which can serve as seven rooms, two toilets, lab. Building is well insulated. Has forced-air heating and air cooling. Constructed so another unit can be added with minimum disturbance. Ample parking. Located close to Palomar Hospital. Venetian blinds, reception and consultation room furniture and a NEW ALLISON Examination Table can be supplied if wanted. Contact owner: Mrs. M. Larsen, 222 East Fifth Ave., Escondido, California. Phone: SHerwood 6-1027 (Tues., Wed., Fri., ONLY).

**ORANGE COUNTY**—Next door to new, modern 150-bed Martin Luther Hospital. Individual custom designed, air-conditioned, 1800 sq. ft. building for two OB-GYN specialists. Ownership provided by rent payment. Medical Center Hospital Co., 1201 North Euclid, Anaheim, California. PRespect 4-4520.

**SANTA BARBARA, CALIF.** Fully modern medical office building for lease, 20,000 sq. ft., ample parking, due for completion April 1, 1961. In center of city. Reservations for individual suite design and space available prior to construction. Particularly interested in Pediatrics, Orthopaedics, OB-GYN. Others welcome. Call Woodland 6-0833, John M. Richards, M.D., 1921 State St., Santa Barbara, Calif.

**NEW MODERN OFFICES IN SACRAMENTO'S FINEST MEDICAL-DENTAL BUILDING** now under construction in Sacramento's fastest growing community. For information call or write: Rosemont Development Co., Inc., 8904 Rosewood Drive, Sacramento 26. Phone EMpire 3-2693.

**UNFURNISHED MEDICAL OFFICE**—8 rooms in Nevada City, California. Office in good repair and in center of town. Hospital facilities available nearby. Community is in need of additional physicians. Rent only \$100.00 per month. Inquire through Mr. John Looser, 311-A Neal Street, Grass Valley, Calif.

**ONTARIO, CALIF.** Available immediately. Spacious, modern doctor's office. Share laboratory, surgery, recovery room, and waiting room with established M.D. Exclusive use of consultation room and three treatment rooms. Some equipment and furniture furnished. Three-year lease with option. 515 N. Laurel Ave. YUkon 6-2772.

**NOW LEASING—SOUTH GATE MEDICAL CENTER** available March 15. Located in highly populated, fast growing area of South Sacramento. Clinical lab, X-ray and pharmacy services. Dr. Florence, GL 2-1934; HI 4-6180.

### AUTOMOBILE FOR SALE

**MERCEDES**, brand new, for sale by physician due to unforeseen circumstances. Box 95,655, California Medicine.

## NEW CLASSIFIED ADVERTISING RATES

*effective*

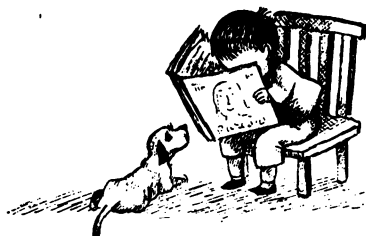
**JANUARY 1961 ISSUE\***

**\$10.00 for the first 50 words or less; 10c  
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**Box number charge: 50c.**

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preceding date of issue.**

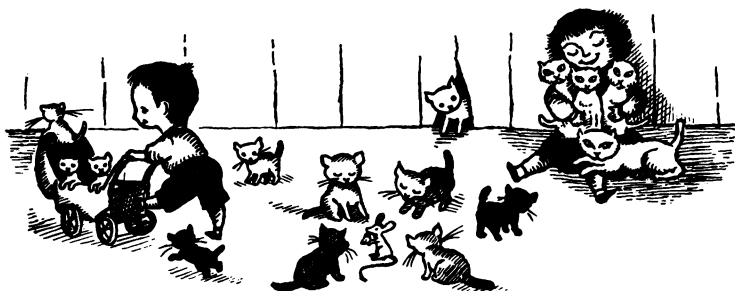
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ored at old rates.**



a book is to look at



buttons are to keep people warm



cats are so you can have kittens



**REDISOL**® is so kids have better appetites

**Redisol** (Cyanocobalamin, crystalline vitamin B<sub>12</sub>) often stimulates children's appetites with consequent weight gain.

Tiny **Redisol Tablets** (25, 50, 100, 250 mcg.) dissolve instantly in the mouth, on food or in liquids.

Also available: cherry-flavored **Redisol Elixir** (5 mcg. per 5-cc. teaspoonful); **Redisol Injectable**, cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 1000 mcg. per cc. in 1, 5 and 10-cc. vials).

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For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.



**MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.**

REDISOL IS A TRADEMARK OF MERCK & CO., INC.

Introducing . . .

**Miluretic\***  
MILTOWN® + HYDROCHLOROTHIAZIDE

new therapy for  
**hypertension**  
and  
**congestive**  
**failure**

*For samples and complete literature, write to*

\*Trade-mark

 WALLACE LABORATORIES/Cranbury, N. J.

lowers blood pressure

drains excess water

calms apprehension

Created especially for those patients whose emotional condition complicates the treatment of hypertension and congestive failure

Now the most widely prescribed diuretic-antihypertensive, hydrochlorothiazide, is combined with the most widely prescribed tranquilizer, meprobamate. Called "Miluretic", it constitutes new, effective therapy for hypertension and congestive failure—*especially when emotional factors complicate your treatment.*

What does Miluretic do? Both components are of proven value in hypertension. And in congestive failure, Miluretic induces smooth, continuous diuresis. Miluretic's

biggest advantage is that it tranquilizes hypertensive and edematous patients safely and quickly.

Avoids side effects of other antihypertensive agents

Antihypertensive agents derived from Rauwolfia often cause reactions such as depression and nasal congestion; Miluretic does not.

Miluretic is a highly effective, safe combination that gives the physician new convenience in the treatment of hypertension and congestive failure.

## new Miluretic

MILTOWN + HYDROCHLOROTHIAZIDE

***Available  
at all  
pharmacies***

**Composition:** 200 mg. Miltown (meprobamate, Wallace) + 25 mg. hydrochlorothiazide

**Dosage:** For hypertension, 1 tablet four times a day. For congestive failure, 2 tablets four times a day.

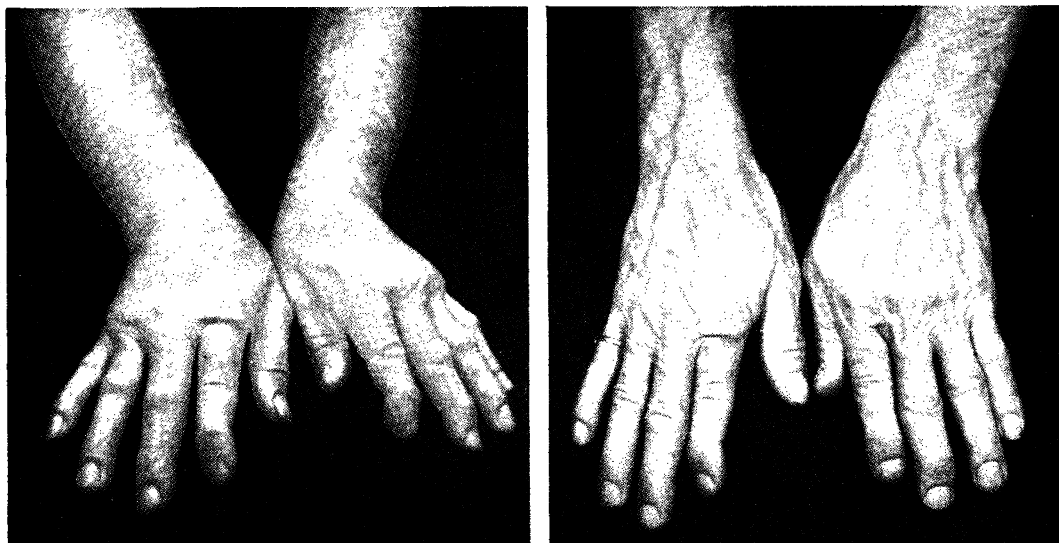
**Supplied:** Bottles of 50 white, scored tablets

**RATIONAL THERAPY  
IN A WIDE RANGE OF  
COMMON SKIN DISORDERS**

# **NEW FURACIN<sup>®</sup>-HC CREAM**

(NITROFURAZONE 0.2% AND HYDROCORTISONE 1%, EATON)

**INFECTED AND POTENTIALLY INFECTED DERMATOSES / PYODERMAS / ULCERS  
BURNS / AFTER PLASTIC, ANORECTAL AND MINOR SURGERY**

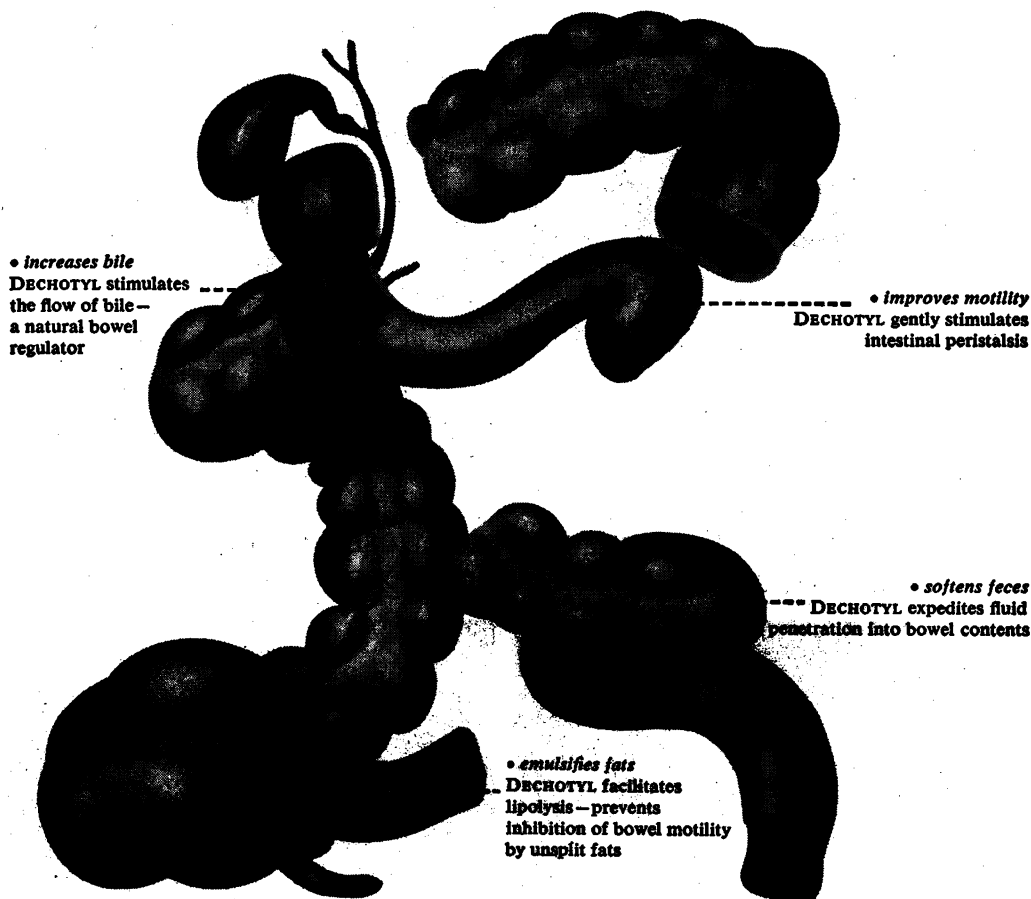


FURACIN-HC Cream combines the anti-inflammatory and antipruritic effect of hydrocortisone with the dependable antibacterial action of FURACIN<sup>®</sup>, brand of nitrofurazone—the most widely prescribed single topical antibacterial. The broad bactericidal range of FURACIN includes stubborn staphylococcal strains, and there has been no development of significant bacterial resistance after more than a dozen years of widespread clinical use. FURACIN is gentle to tissues, does not retard healing; its low sensitization rate is further minimized by the presence of hydrocortisone.

FURACIN-HC Cream is available in tubes of 5 Gm. and 20 Gm. Fine vanishing cream base, water-soluble.

NITROFURANS—a unique class of antimicrobials / EATON LABORATORIES, NORWICH, NEW YORK  
Products of Eaton Research





helps free your patient from both...  
constipation and laxatives

# DECHOTYL<sup>®</sup>

TRABLETS<sup>®</sup>

well tolerated...gentle transition to normal bowel function



Recommended to help convert the patient—naturally and gradually—to healthy bowel habits. Regimens of one week or more are suggested to assure maintenance of normal rhythm and to avoid the repetition of either laxative abuse or constipation.

*Average adult dose:* Two TRABLETS at bedtime as needed or as directed by a physician.

*Action usually is gradual, and some patients may need 1 or 2 TRABLETS 3 or 4 times daily.*

*Contraindications:* Biliary tract obstruction; acute hepatitis.

DECHOTYL TRABLETS provide 200 mg. DECHOLIN,<sup>®</sup> (dehydrocholic acid, AMES), 50 mg. desoxycholic acid, and 50 mg. dioctyl sodium sulfosuccinate, in each trapezoid-shaped, yellow TRABLET. Bottles of 100.

\*AMES T.M. for trapezoid-shaped tablet.

**AMES**  
COMPANY, INC.  
Elkhart • Indiana  
Toronto • Canada



84160

# In Hypertension and Anxiety States

just  
two  
tablets  
at bedtime

# CONTROL

with MAXIMUM SAFETY

## RAUWILOID<sup>®</sup>

alseroxylon 2 mg.

### In Hypertension

Simplicity of control based on negligible incidence of serious side actions, simplicity of dosage, and applicability to a wide range of patients.

### In Anxiety States

Rauwiloid is outstanding for its calming, non-soporific sedation in anxiety states...with or without hypertension.

**Compatible** with other anti-hypertensive medications. Potentiates therapeutic action of more potent agents and permits their use in reduced and better tolerated dosage.

When more potent hypotensive action is needed, prescribe one of these convenient single-tablet combinations

**Rauwiloid<sup>®</sup> + Veriloid<sup>®</sup>**  
alseroxylon 1 mg. and alkavervir 3 mg.

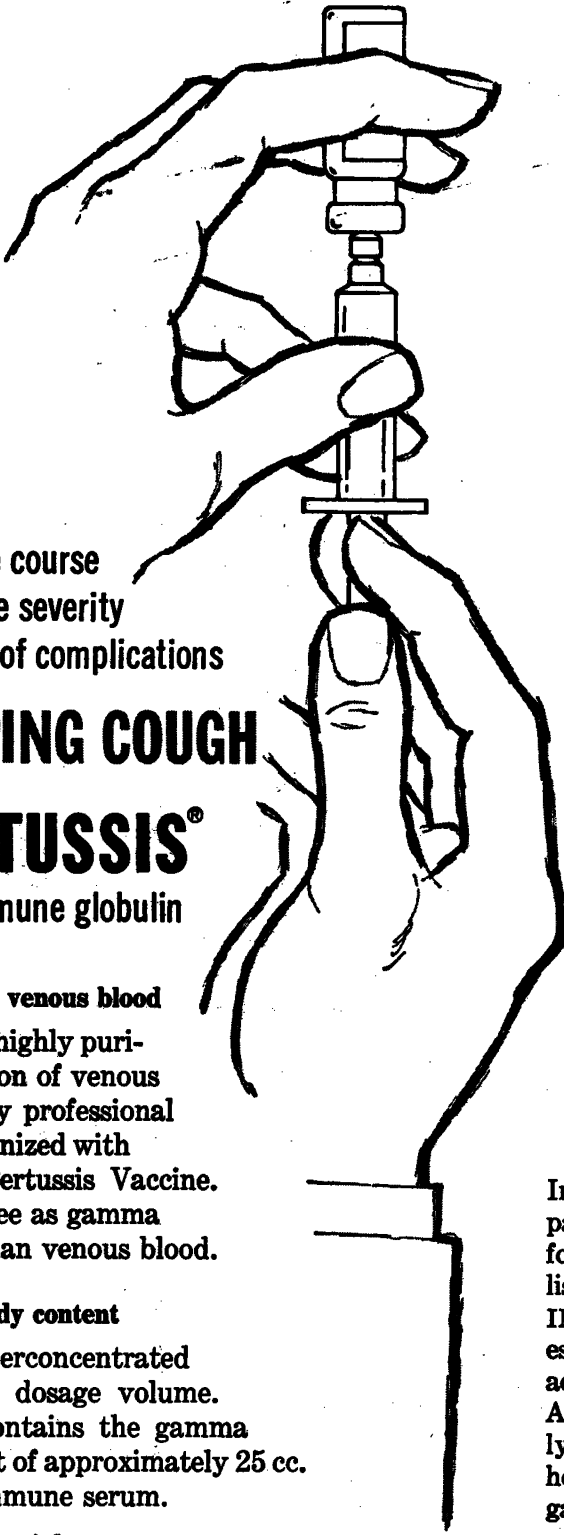
or

**Rauwiloid<sup>®</sup> + Hexamethonium**  
alseroxylon 1 mg. and hexamethonium  
chloride dihydrate 250 mg.

Patients with severe hypertension often can be maintained on Rauwiloid alone after desired blood pressure levels are reached with combination medication.



Northridge, California



to shorten the course  
lessen the severity  
reduce the rate of complications

## IN WHOOPING COUGH

### **HYPERTUSSIS®**

pertussis immune globulin

derived from human venous blood

Hypertussis is the highly purified globulin fraction of venous blood from healthy professional donors hyperimmunized with Cutter Phase I Pertussis Vaccine. It is as reaction-free as gamma globulin from human venous blood.

#### high immune antibody content

Hypertussis is superconcentrated to permit smaller dosage volume. A 1¼ cc. dose contains the gamma globulin equivalent of approximately 25 cc. of human hyperimmune serum.

*Supplied in 1¼ cc. vials.*

for prevention  
or modification

## OF MEASLES

### **Polio IMMUNE GLOBULIN gamma globulin**

derived from human blood

In measles prevention effective passive immunity of three to four weeks duration is established. In modification, Polio IMMUNE GLOBULIN reduces severity while allowing full active immunity to develop. Also for prevention of paralytic poliomyelitis, infectious hepatitis, treatment of hypogammaglobulinemia.

*Supplied in 2 cc. and 10 cc. vials.*

For further information  
see PDR page 664,  
Ask Your Cutter Man  
or write to Dept. O-5M



**CUTTER LABORATORIES • Berkeley, California**  
*Leaders in Human Blood Fractions Research*